Alberta Health

Alberta Health Care Insurance Plan Statistical Supplement

2012–2013

Alberta Government

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Alberta Health

Alberta Health Care Insurance Plan

Statistical Supplement

2012 - 2013

CONTENTS

PAGE

1 **Introduction**

3 **Section 1: Registration**

- 3 **Summary and Highlights**
- 4 **Figure 1** Distribution of Population Covered for Basic Health Services by Age and Gender as at March 31, 2013
- 4 **Explanatory Notes**
- 6 **Table 1.1** Number of Registrations and Population Covered as at March 31, 2009-2013
- 6 **Table 1.2** Number of Registrations and Population Covered as at March 31, 2013
- 7 **Table 1.3** Distribution of Population by Age and Gender as at March 31, 2009-2013

10 **Section 2: Basic Health Services (Physicians and Allied Health Practitioners)**

- 10 **Summary and Highlights**
- 12 **Figure 2** Average Fee-For-Service Payments per Person to Physicians for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2012 to March 31, 2013
- 13 **Figure 3** Average Fee-For-Service Payments per Person to Allied Health Practitioners for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2012 to March 31, 2013
- 14 **Figure 4** Average Number of Services per Person for Basic Health Services for the Fiscal Years Ended March 31, 2009-2013
- 14 **Explanatory Notes**
- 18 **Table 2.1** Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2009-2013
- 20 **Table 2.1A** Number of Services and Total Payments to Allied Health Practitioners by Service Category Code for the Service Year April 1, 2012 to March 31, 2013

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20	**Table 2.2**	Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2009-2013
21	**Table 2.2A**	Number of Dentists/Dental Specialists/Oral Surgeons and Average Payments to Dentists/Dental Specialists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2009-2013
22	**Table 2.2B**	Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2009-2013
23	**Table 2.2C**	Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2009-2013
24	**Table 2.3**	Distribution of Physician and Allied Health Practitioner Payments and Services per Patient for the Service Year April 1, 2012 to March 31, 2013
24	**Table 2.4**	Total Number of Services Provided by Physicians and Allied Health Practitioners for the Service Years Ended March 31, 2009-2013
25	**Table 2.5A**	Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2009-2013
25	**Table 2.5B**	Distribution of Optometry Payments and Services per Patient for Recipients 19 to 64 Years of Age for the Service Years Ended March 31, 2009-2013
25	**Table 2.5C**	Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2009-2013
26	**Table 2.6**	Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type for the Service Years Ended March 31, 2009-2013
27	**Table 2.7**	Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2009-2013
28	**Table 2.8**	Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2009-2013
29	**Table 2.9**	Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2012 to March 31, 2013
30	**Table 2.9A**	Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2012 to March 31, 2013
31	**Table 2.10**	Distribution of Physicians by Specialty for the Service Years Ended March 31, 2009-2013
32	**Table 2.10A**	Distribution of Average Gross Payments for the Service Years Ended March 31, 2009-2013
34	**Table 2.10B**	Distribution of Median Gross Payments for the Service Years Ended March 31, 2009-2013
36	**Table 2.11**	Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2012 to March 31, 2013
44	**Table 2.12**	Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2012 to March 31, 2013

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45 **Table 2.13** Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2012 to March 31, 2013

49 **Table 2.14** Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2012 to March 31, 2013

52 **Table 2.15** Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for April 1, 2009 to March 31, 2013

53 **Table 2.16** Basic Health Services: Percentage Changes to Rates in the Schedules of Benefits for April 1, 2009 to March 31, 2013

53 **Alternative Relationship Plans**

54 **Table 2.17** Alternative Relationship Plans (ARP) Summary by Type for the Service Year April 1, 2012 to March 31, 2013

55 **Out-of-Country Health Coverage**

56 **Table 2.18** Out-of-Country Basic Health Services: Distribution of Payments, Number of Services and Discrete Patients for the Service Years ended March 31, 2012 and March 31, 2013

57 **Table 2.19** Out-of-Country Health Services Program: Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2009-2013

57 **Table 2.20** Out-of-Country Health Services Program: Payments Made for Approved Applications by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2009-2013

58 **Primary Care Networks**

59 **Table 2.21** Primary Care Networks: Distribution by Continuum Health Zone, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2012 to March 31, 2013

60 **Section 3: Regional Data**

60 **Summary and Highlights**

61 **Figure 5** Map of Alberta Health Services Continuum Zones

62 **Explanatory Notes**

63 **Table 3.1** Distribution of Population Covered by Alberta Health Services Geographic Zone Service Location as at March 31, 2013

64 **Table 3.2** Distribution of Payments to Physicians by Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2012 to March 31, 2013

65 **Table 3.3** Distribution of Payments by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2012 to March 31, 2013

66 **Table 3.4** Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2012 to March 31, 2013

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67 **Table 3.5** Number of General/Family Physicians by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2012 to March 31, 2013

68 **Table 3.6** Number of Physicians by Specialty Within Alberta Health Services Geographic Zones for the Service Year April 1, 2012 to March 31, 2013

69 **Table 3.7** Allied Health Services: Distribution of Services and Payments by Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2012 to March 31, 2013

70 Section 4: Non-Group Supplementary Plans

70 **Summary and Highlights**

72 **Figure 6** Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2012 to March 31, 2013

72 **Explanatory Notes**

73 **Table 4.1** Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2009-2013

74 **Table 4.2** Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2009-2013

75 **Table 4.3** Non-Group Supplementary Coverage: Persons Covered by Age and Gender as at March 31, 2009-2013

76 **Table 4.4** Non-Group Supplementary Coverage: Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2013

77 **Table 4.5** Non-Group Supplementary Coverage: Number of Prescriptions and Net Payment by Prescription Type and Coverage Category for the Year Ending March 31, 2013

78 **Table 4.6** Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2009-2013

79 **Table 4.7** Non-Group Supplementary Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2013

81 **Table 4.8** Non-Group Supplementary Coverage: Cost of Prescription by Broad Drug Category for the Year Ending March 31, 2013

82 **Table 4.9** Non-Group Supplementary Coverage: Number of Prescriptions and Prescription Cost Components by Coverage Category (Direct Bill Claims Only) for the Year Ending March 31, 2013

83 Glossary/Definitions

86 Year at a Glance

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Introduction

The Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Plan (AHCIP) is a publicly funded health care plan. It was established in accordance with the *Canada Health Act* principles of public administration, comprehensiveness, universality, portability and accessibility.

The AHCIP provides two types of coverage to registered Albertans. They are:

- Basic health coverage for insured services provided by physicians, dentists/dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All eligible residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.
- Supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Alberta Health and administered by Alberta Blue Cross. From April 1, 2012 to March 31, 2013, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Ministry of Health Annual Report 2012-2013* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied health practitioners (dentists/dental specialists/oral surgeons, optometrists and podiatrists) for services provided to Albertans, and payments for services provided to Albertans while they are out of the country. The Statistical Supplement also reports data on the non-group supplementary health insurance plans.

Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports new data for the period April 1, 2012 to March 31, 2013. Where possible, data reports over a five-year period to facilitate long-term comparisons.

The majority of data are reported on a date-of-service basis, with the exception of Section 4, Non-Group Supplementary Plans, which reports data on a date-of-payment basis.

Note: Some data in the Statistical Supplement may differ from data reported in the Annual Report. The Statistical Supplement uses claims payment data, based on date of service, from the Claims Assessment System, while the Annual Report uses financial statement data, based on date of payment, from the Alberta Government Integrated Management Information System.

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Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories; and
- Services and costs (e.g. hospital and home care services and costs) provided by Alberta Health Services.

The *Ministry of Health Annual Report 2012-2013* provides a range of financial information pertaining to Alberta Health Services. A copy of the Annual Report can be found on the Health website at www.health.alberta.ca.

Note: This document reflects the fiscal year April 1, 2012 to March 31, 2013. Explanations of data and coverage may not be applicable for periods after March 31, 2013.

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Section 1: Registration

Summary

This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by age and gender, as at March 31, 2013.

Highlights

- A total of 4,068,062 Albertans were registered for basic health coverage. This is an increase of 4.04%, compared to 2011-2012. Included in this total are 86,612 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 74,046 individuals in 2011-2012.
- In 2012-2013, there were 229 Albertans who chose to opt out of the AHCIP compared to 216 in 2011-2012.

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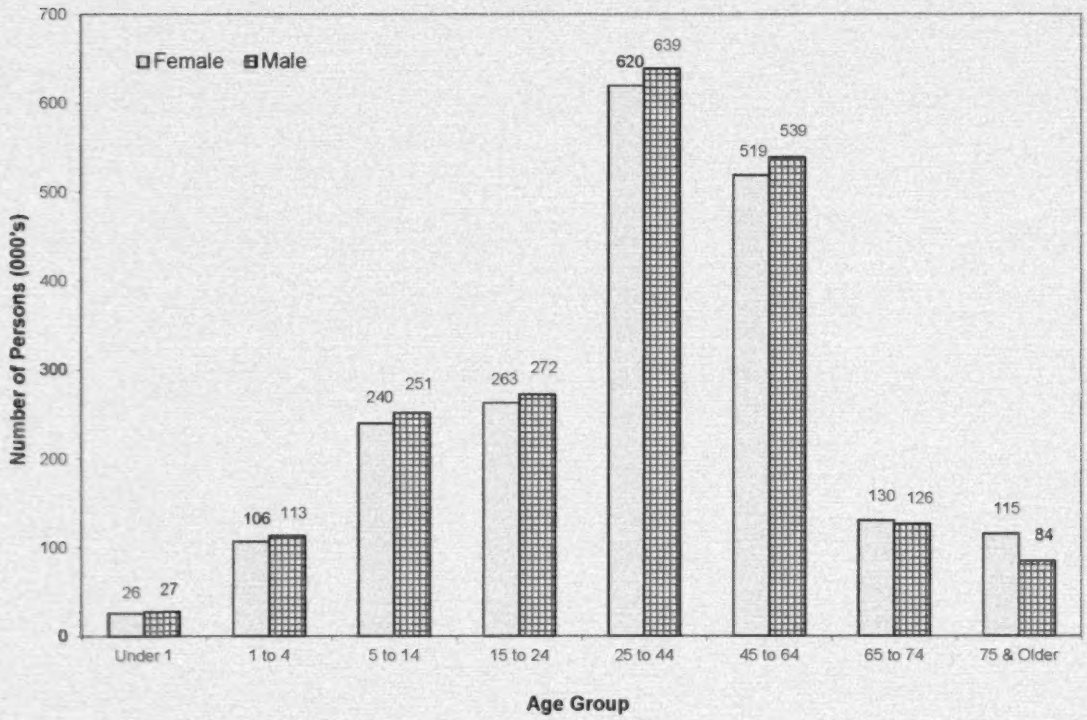
Figures and Charts

Figure 1
Distribution of Population Covered for Basic Health Services by Age and Gender as at March 31, 2013



Explanatory Notes

Registrations

Alberta Health Care Insurance Plan registration data are based on the number of active registrations as at the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. The number of people covered under one registration ranges from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are available in Tables 1.1 and 1.2.

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The population data reported in the Statistical Supplement differs from Statistics Canada provincial population estimates because:

- Alberta Health continually updates AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31), are included in the data.

Members of the Canadian Armed Forces and inmates of federal penitentiaries are covered by the federal government. These groups are not entitled to AHCIP coverage and are not included in the AHCIP data. Members of the Royal Canadian Mounted Police are covered by the federal government until March 31, 2013 and not entitled to AHCIP coverage therefore not included in the data. However, any of their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

As of April 1, 2013, RCMP members are covered under the AHCIP and will be included in the 2013-2014 data.

Opting Out
Albertans may opt out of the AHCIP at any time. These individuals and their dependants are responsible for paying all of their health care expenses. The Opt Out program is a renewable three-year term and the resident has the option to rescind their decision to opt out during this period.

Non-Seniors Category
Alberta Health provides premium-free AHCIP coverage to individuals who are under 65 years of age. Non-Group Supplementary coverage is available upon payment of a monthly premium. Section 4 provides more information on Non-Group Supplementary Plans.

Seniors Category
Alberta Health provides premium-free AHCIP and Non-Group Supplementary Plan coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

Alberta Widows' Pension Category
Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through the Alberta Widows' Pension plan. As of April 1, 2004, no new applications have been accepted and Albertans who inquire about the Alberta Widows' Pension are directed to appropriate income support programs. With no new applicants, the number of Alberta Widows' Pension recipients continues to decline.

Currently, recipients of the Alberta Widows' Pension and their eligible dependants receive AHCIP coverage and premium-free Non-Group Supplementary coverage. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

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Table 1.1
Number of Registrations and Population Covered as at March 31, 2009, 2010, 2011, 2012 and 2013 [1]

Population Categories	Number of Registrations					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Non-Seniors[2]	1,539,887	1,613,051	1,671,077	1,745,659	1,838,605	4.75	3.60	4.46	5.32
Seniors	287,723	295,714	304,858	318,412	333,652	2.78	3.09	4.45	4.79
Alberta Widows' Pension	575	419	272	164	68	(27.13)	(35.08)	(39.71)	(58.54)
Total	1,828,185	1,909,184	1,976,207	2,064,235	2,172,325	4.43%	3.51%	4.45%	5.24%

Population Categories	Population Covered					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Non-Seniors[2]	3,163,985	3,254,468	3,334,365	3,436,942	3,571,448	2.86	2.45	3.08	3.91
Seniors	424,900	437,098	451,592	473,004	496,546	2.87	3.32	4.74	4.96
Alberta Widows' Pension	609	435	281	171	68	(28.57)	(35.40)	(39.15)	(60.23)
Total	3,589,494	3,692,001	3,786,238	3,910,117	4,068,062	2.86%	2.55%	3.27%	4.04%

(1) The population figures are as at March 31, calculated in July.
(2) Non-Seniors include two former categories, as reported in previous statistical supplements, 'individual and group' and 'income support recipients'.

Table 1.2
Number of Registrations and Population Covered as at March 31, 2013 [1] [2] [3]

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Non-Seniors[4]	1,838,605	3,571,448	1,017,678	1,017,678	820,927	2,553,770
Seniors	333,652	496,546	176,548	176,548	157,104	319,998
Alberta Widows' Pension	68	68	68	68		
Total	**2,172,325**	**4,068,062**	**1,194,294**	**1,194,294**	**978,031**	**2,873,768**

(1) A blank cell represents a zero value.
(2) The population figures are as at March 31, calculated in July.
(3) Certain data elements included in previous years are no longer available.
(4) Non-Seniors include two former categories, as reported in previous statistical supplements, 'individual and group' and 'income support recipients'.

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Table 1.3
Distribution of Population by Age and Gender as at March 31, 2009, 2010, 2011, 2012 and 2013 [1]

Gender / Age Group	Total Male and Female					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 1	50,732	51,336	50,457	51,133	52,849	1.19	(1.71)	1.34	3.36
1 - 4	188,440	198,201	207,129	213,351	218,800	5.18	4.50	3.00	2.55
5 - 9	217,209	221,855	229,000	240,403	255,257	2.14	3.22	4.98	6.18
10 - 14	228,002	228,067	227,827	230,153	235,851	0.03	(0.11)	1.02	2.48
15 - 19	247,120	246,851	246,893	247,475	248,938	(0.11)	0.02	0.24	0.59
20 - 24	265,410	270,130	272,714	278,042	285,783	1.78	0.96	1.95	2.78
25 - 29	283,714	297,665	307,873	320,303	334,884	4.92	3.43	4.04	4.55
30 - 34	265,892	278,789	290,276	308,368	332,989	4.85	4.12	6.23	7.96
35 - 39	262,071	268,734	273,742	284,403	300,535	2.54	1.86	3.89	5.67
40 - 44	262,542	263,711	269,491	278,370	289,719	0.45	2.19	3.29	4.08
45 - 49	290,941	293,387	290,863	288,789	287,953	0.84	(0.86)	(0.71)	(0.29)
50 - 54	268,829	278,190	285,770	293,476	302,111	3.48	2.72	2.70	2.94
55 - 59	210,968	223,897	238,172	252,228	266,256	6.13	6.38	5.90	5.56
60 - 64	162,869	174,076	185,094	192,052	201,103	6.88	6.33	3.76	4.71
65 - 69	116,458	121,806	127,355	138,588	150,738	4.59	4.56	8.82	8.77
70 - 74	90,354	92,765	95,734	99,859	105,085	2.67	3.20	4.31	5.23
75 - 79	75,156	75,883	76,812	77,723	79,666	0.97	1.22	1.19	2.50
80 - 84	53,654	55,662	57,673	59,389	60,915	3.74	3.61	2.98	2.57
85 - 89	32,401	33,267	34,246	35,496	36,774	2.67	2.94	3.65	3.60
90 & Older	16,732	17,729	19,117	20,516	21,856	5.96	7.83	7.32	6.53
Total	3,589,494	3,692,001	3,786,238	3,910,117	4,068,062	2.86%	2.55%	3.27%	4.04%

(1) The population figures are as at March 31, calculated in July.

Continued

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Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2009, 2010, 2011, 2012 and 2013 [1]

Gender / Age Group	Male					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 1	26,029	26,501	25,978	26,320	27,284	1.81	(1.97)	1.32	3.66
1 - 4	96,231	101,403	106,234	109,605	112,529	5.37	4.76	3.17	2.67
5 - 9	111,146	113,546	117,103	122,989	130,600	2.16	3.13	5.03	6.19
10 - 14	117,435	117,137	117,040	118,042	120,898	(0.25)	(0.08)	0.86	2.42
15 - 19	126,529	126,538	126,627	127,151	128,123	0.01	0.07	0.41	0.76
20 - 24	132,379	134,897	136,532	139,724	144,028	1.90	1.21	2.34	3.08
25 - 29	140,636	147,827	152,960	159,878	168,141	5.11	3.47	4.52	5.17
30 - 34	133,470	139,930	145,686	154,871	168,060	4.84	4.11	6.30	8.52
35 - 39	132,796	136,604	139,062	144,620	153,743	2.87	1.80	4.00	6.31
40 - 44	132,155	133,366	136,572	142,075	148,662	0.92	2.40	4.03	4.64
45 - 49	146,038	147,330	146,719	146,220	146,973	0.88	(0.41)	(0.34)	0.51
50 - 54	136,951	141,660	145,271	149,161	153,574	3.44	2.55	2.68	2.96
55 - 59	107,321	114,275	121,542	128,843	136,280	6.48	6.36	6.01	5.77
60 - 64	81,626	87,493	93,276	97,087	101,932	7.19	6.61	4.09	4.99
65 - 69	57,542	60,269	63,120	68,747	74,889	4.74	4.73	8.91	8.93
70 - 74	43,458	44,732	46,233	48,280	51,074	2.93	3.36	4.43	5.79
75 - 79	35,005	35,377	35,869	36,350	37,287	1.06	1.39	1.34	2.58
80 - 84	22,562	23,722	24,830	25,863	26,781	5.14	4.67	4.16	3.55
85 - 89	11,483	11,939	12,463	13,258	13,938	3.97	4.39	6.38	5.13
90 & Older	4,642	4,935	5,460	5,887	6,380	6.31	10.64	7.82	8.37
Total	1,795,434	1,849,481	1,898,577	1,964,971	2,051,176	3.01%	2.65%	3.50%	4.39%

(1) The population figures are as at March 31, calculated in July.

Continued...

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Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2009, 2010, 2011, 2012 and 2013 (1)

Gender / Age Group	Female					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 1	24,703	24,835	24,479	24,813	25,565	0.53	(1.43)	1.36	3.03
1 - 4	92,209	96,798	100,895	103,746	106,271	4.98	4.23	2.83	2.43
5 - 9	106,063	108,309	111,897	117,414	124,657	2.12	3.31	4.93	6.17
10 - 14	110,567	110,930	110,787	112,111	114,953	0.33	(0.13)	1.20	2.53
15 - 19	120,591	120,313	120,266	120,324	120,815	(0.23)	(0.04)	0.05	0.41
20 - 24	133,031	135,233	136,182	138,318	141,755	1.66	0.70	1.57	2.48
25 - 29	143,078	149,838	154,913	160,425	166,743	4.72	3.39	3.56	3.94
30 - 34	132,422	138,859	144,590	153,497	164,929	4.86	4.13	6.16	7.45
35 - 39	129,275	132,130	134,680	139,783	146,792	2.21	1.93	3.79	5.01
40 - 44	130,387	130,345	132,919	136,295	141,057	(0.03)	1.97	2.54	3.49
45 - 49	144,903	146,057	144,144	142,569	140,980	0.80	(1.31)	(1.09)	(1.11)
50 - 54	131,878	136,530	140,499	144,315	148,537	3.53	2.91	2.72	2.93
55 - 59	103,647	109,622	116,630	123,385	129,976	5.76	6.39	5.79	5.34
60 - 64	81,243	86,583	91,818	94,965	99,171	6.57	6.05	3.43	4.43
65 - 69	58,916	61,537	64,235	69,841	75,849	4.45	4.38	8.73	8.60
70 - 74	46,896	48,033	49,501	51,579	54,011	2.42	3.06	4.20	4.72
75 - 79	40,151	40,506	40,943	41,373	42,379	0.88	1.08	1.05	2.43
80 - 84	31,092	31,940	32,843	33,526	34,134	2.73	2.83	2.08	1.81
85 - 89	20,918	21,328	21,783	22,238	22,836	1.96	2.13	2.09	2.69
90 & Older	12,090	12,794	13,657	14,629	15,476	5.82	6.75	7.12	5.79
Total	1,794,060	1,842,520	1,887,661	1,945,146	2,016,886	2.70%	2.45%	3.05%	3.69%

(1) The population figures are as at March 31, calculated in July.

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Section 2: Basic Health Services (Physicians and Allied Health Practitioners)

Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dental specialists/oral surgeons and some services provided by podiatrists and optometrists. Alberta practitioners receive fee-for-service payments and/or are paid through Alternative Relationship Plans. See Table 2.17 for information about Alternative Relationship Plans.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. Alternative Relationship Plan and Primary Care Network data are reported separately in Tables 2.17 and 2.21.

Highlights

- In Alberta, 7,381 physicians and 887 allied health practitioners received fee-for-service payments from the AHCIP during 2012-2013.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.81 per 1,000 persons, up from 1.79 per 1,000 patients.
- Of the 4,068,062 Albertans registered for coverage with the AHCIP, 79.65% (3,240,162 people) received at least one fee-for-service physician service during 2012-2013.
    - A total of 61.11% of these patients received fee-for-service physician services valued at $500 or less.
    - 20.52% of these patients received fee-for-service physician services valued at more than $1,000. Payments for these patients' services accounted for 68.18% of all fee-for-service payments to physicians.
- Office visits (assessments) and consultations accounted for 50.07% of the fee-for-service payments made to Alberta physicians in 2012-2013. These services accounted for 77.05% of the fee-for-service payments made to general/family physicians.
- 17.32% of Alberta's population, (704,742 people), obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2012-2013.
- Alberta Health spent $56,538,679 on optometry and podiatry services in 2012-2013. Coverage for these practitioners is not required by the *Canada Health Act*.
- A total of $18,784,745 was spent on optometry care for Alberta's children in 2012-2013.

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- The AHCIP paid fee-for-service totalling $2,648,560,351 to Alberta physicians and allied health practitioners in 2012-2013. This figure represents a 5.54% increase compared to 2011-2012.
- In 2012-2013, the average total fee-for-service payment per Alberta physician was $350,216 (.27% higher than it was in 2011-2012). This brought the median payment to $281,546 (a decrease of .24% compared to 2011-2012).
- A total of 1,525 physicians each received more than $500,000 in fee-for-service payments in 2012-2013. This represents an increase of 102 physicians compared to 2011-2012. Of the 1,525 physicians, 453 were general/family physicians, an increase of 31 over 2011-2012.
- Of the 1,525 physicians, a total of 299 physicians each received more than $1 million in fee-for-service payments in 2012-2013. Fifty-four (54) of the 299 physicians received more than $2 million. In 2011-2012, there were 272 physicians who received more than $1 million and 50 received more than $2 million in fee-for-service payments.
- In 2012-2013, a total of 1,875 physicians participated in Alternative Relationship Plans, up from 1,717 in 2011-2012. A total of $286,282,615 was spent on Alternative Relationship Plan expenditures.
- Forty (40) Primary Care Networks operated in the five health zones as of March 31, 2013. These 40 Primary Care Networks involved a total of 2,995 registered providers who delivered services to 2,993,282 patients.

Charts and Figures

2012 - 2013 Fee-For-Service Payments and Percentage Change

Practitioner Type	Overall Fee-For-Service Payments	Percentage Change from 2011/2012 to 2012/2013
Physicians*	$2,584,944,346	5.50
Dentists/Dental Specialists/Oral Surgeons	7,077,326	12.45
Optometrists	46,323,436	6.96
Podiatrists	10,215,242	4.38
Total	**$2,648,560,350**	**5.54**

*$8.0 million of the overall payments made by the AHCIP to physicians were for pathology services (see Explanatory Notes).

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2012 - 2013 Practitioners Who Submitted Fee-For-Service Claims and Percentage Change		
Practitioner Type	Number of Practitioners	Percentage Change from 2011/2012 to 2012/2013
Physicians	7,381	5.22
Dentists/Dental Specialists/Oral Surgeons	224	2.75
Optometrists	599	7.54
Podiatrists	64	3.23
Total	**8,268**	**5.30**

Figure 2
Average Fee-For-Service Payments per Person to Physicians for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2012 to March 31, 2013

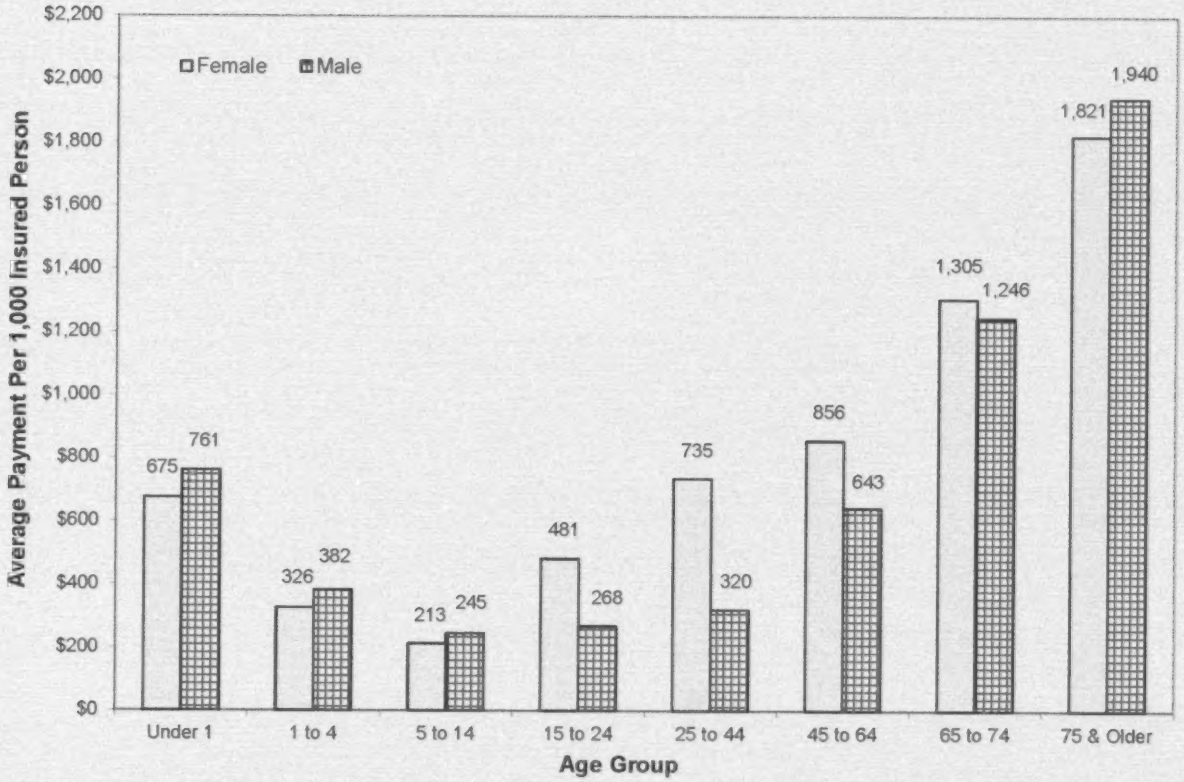

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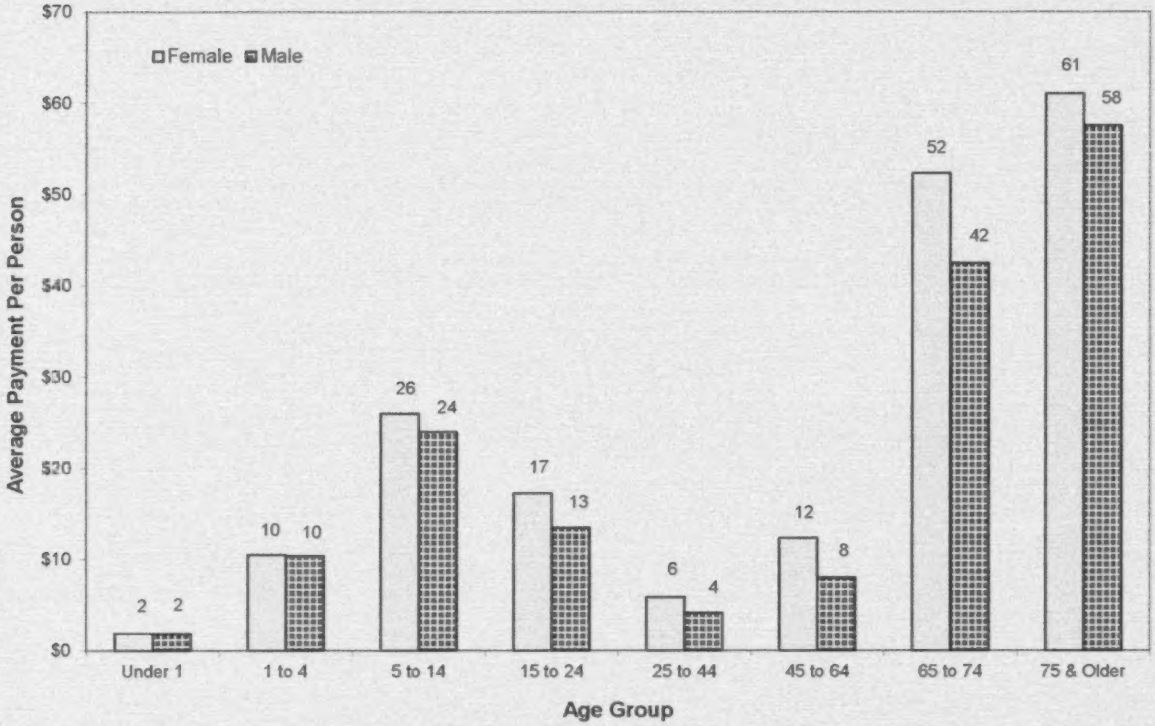
Figure 3
Average Fee-For-Service Payments per Person to Allied Health Practitioners for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2012 to March 31, 2013



2012 - 2013 Fee-For-Service Cost per Patient by Practitioner Type and Percentage Change

Practitioner Type	Average Fee-For-Service Cost/Patient	Percentage Change from 2011/2012 to 2012/2013
Physicians	$797.78	2.41
Dentists/Dental Specialists/Oral Surgeons	496.52	7.47
Optometrists	75.48	2.55
Podiatrists	96.98	1.79
Total based on averages	**$798.05**	**2.46**

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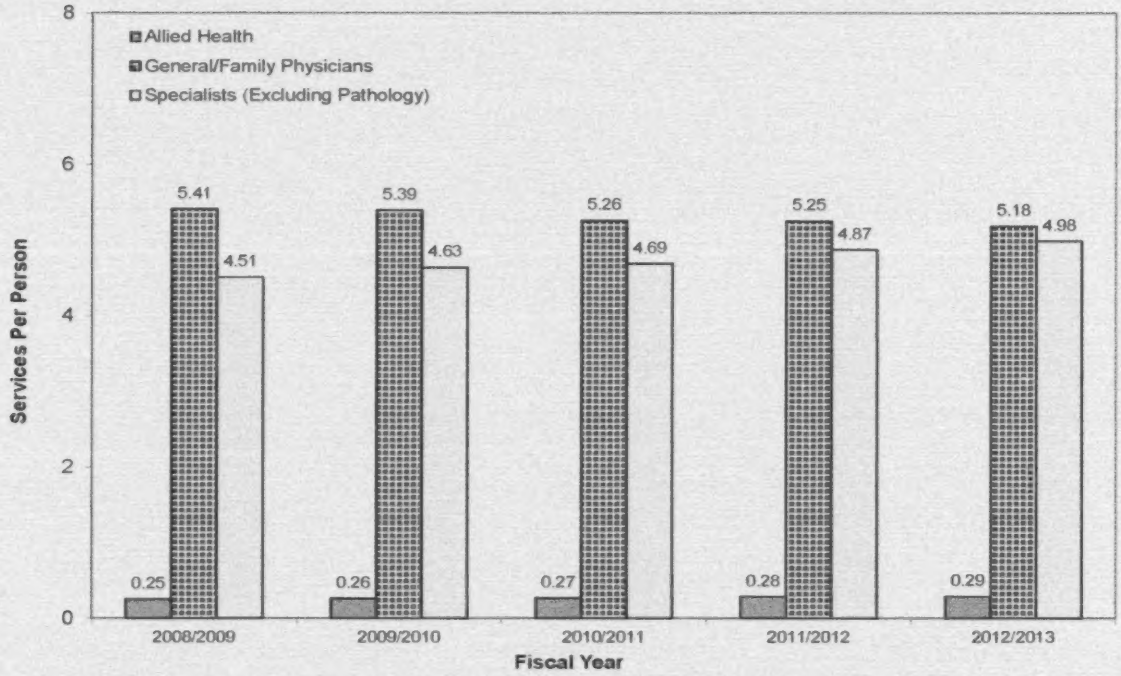
Figure 4
Average Number of Services per Person
for Basic Health Services
for the Fiscal Years Ended March 31, 2009 to March 31, 2013



Explanatory Notes

Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.

Pathology Services

Alberta Health Services pays for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests are paid for by the AHCIP.

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to those of other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

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Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses, and payments reported in this document do not depict other sources of income or benefit programs which may include some of the following:

- Workers' Compensation Board, third party medicals, and for services not covered by the AHCIP;
- salaried positions and contractual arrangements with Alberta Health Services or private employers;
- payments for services rendered to non-Albertans are not included;
- Alternative Relationship Programs: Sessional, Contractual, Academic, Capitation;
- Medical Liability Reimbursement Program;
- Retention Benefit Program;
- Continuing Medical Education Benefit Program;
- Physician On-Call Program that compensates physicians being on-call;
- Clinical Stabilization Initiative that provides funding for business expenses and retention of physicians;
- The Physician Office System Program that provides funds for electronic office equipment;
- Performance and Diligence Indicator Fund that compensates family physicians who meet specific performance targets;
- Compassionate Expense Program;
- Parental Leave Program;
- Federal Government Funding: e.g. travel to and from reserves for First Nation services; and
- through per capita funding of Primary Care Networks.

Under special circumstances, physicians may also claim and be paid for services provided by medical residents and nurses they supervise, and for diagnostic services provided by technicians.

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2012-2013. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

Alternative Relationship Plan data are reported separately from fee-for-service data (Table 2.17).

Over the past five years, a number of manual payments have been made.

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Manual payments totalling $57,264,523 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009, are not included in the data. These payments were made as part of the 4.90% fee increase negotiated through the *Master Agreement*.

Manual payments totalling $2,974,824 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data. These payments were made as part of the 5.00% fee increase negotiated through the *Master Agreement*.

The Clinical Stabilization Initiative is part of the *Amending Agreement to the Tri-Lateral Master Agreement* for physicians. Effective September 1, 2007, the Clinical Stabilization Initiative was established to address three specific emergent issues:

- Business Cost Program - addresses the rising cost of medical practices in Alberta
- Rural Remote Northern Program - addresses the challenges of recruiting physicians to live and practise in rural, remote and northern areas of the province
    - Communities in Crisis - addresses the challenges of recruiting physicians to live and practise in communities in crisis

Manual payments for the Clinical Stabilization Initiative, totalling $90,652,998 made to Alberta physicians for the service period April 1, 2008 to March 31, 2009, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $96,490,752 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $97,789,200 made to Alberta physicians for the service period April 1, 2010 to March 31, 2011, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $104,491,989 made to Alberta physicians for the service period April 1, 2011 to March 31, 2012, are not included in the data.

Manual payments for the Clinical Stabilization Initiative, totalling $110,493,414 made to Alberta physicians for the service period April 1, 2012 to March 31, 2013, are not included in the data.

Practitioner
Practitioner refers to physicians and allied health practitioners (dentists/dental specialists/oral surgeons, optometrists and podiatrists) who received fee-for-service payments from the AHCIP.

Reporting Dates
Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date of service to submit claims to the AHCIP for payment.

Number of Services
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

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Types of Service
The types of service reported in the fee-for-service payment tables are based on the health service codes from the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.

Optometry Services
Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete eye exam, one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. Routine eye exams for Albertans 19 to 64 years of age are not covered by the AHCIP.

Manual payments totalling $3,023,303 made to Alberta optometrists for the service period April 1, 2008 to February 28, 2009, are not included in the data.

Manual payments totalling $168,770 made to Alberta optometrists for the service period April 1, 2009 to March 31, 2010, are not included in the data.

Podiatry Services
Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the Schedule of Podiatry Benefits), with a maximum annual benefit per patient of $250.

On June 1, 2006, a new Schedule of Podiatric Surgery Benefits was implemented. Services under the new schedule are fully covered by the AHCIP, if the surgeries are provided by a podiatrist who has specific certifications, in a hospital or non-hospital surgical facility under contract to Alberta Health Services.

Chiropractic Services
As of July 1, 2009, chiropractic services were no longer covered under the AHCIP. Tables 2.1, 2.4, 2.6, 2.7 and Figure 4 have been recalculated to exclude chiropractic data from 2007 to 2009 for ease of year-to-year comparison.

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Table 2.1
Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2009 to March 31, 2013 [1]

Indicators	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
REGISTRATIONS					
Population Covered	3,589,494	3,692,001	3,786,238	3,910,117	4,068,062
Number of Discrete Physician Patients [2]	2,968,190	3,037,953	3,068,772	3,145,227	3,240,162
Number of Discrete Patients per Physician	474	469	455	448	439
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	35,838,334	37,310,962	37,952,270	39,892,223	41,681,645
Number of Physicians	6,266	6,482	6,743	7,015	7,381
Number of Physicians per 1,000 Persons	1.75	1.76	1.78	1.79	1.81
Number of Services per Physician	5,719	5,756	5,628	5,687	5,647
Number of Services per 1,000 Persons	9,984	10,106	10,024	10,202	10,246
Total Physician Payments	$1,851,703,042	$2,133,199,354	$2,302,481,210	$2,450,159,476	$2,584,944,346
Physician Payment per 1,000 Persons	$515,867	$577,789	$608,118	$626,621	$635,424
Average Payment per Physician	$295,516	$329,096	$341,462	$349,274	$350,216
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	35,582,067	37,020,673	37,652,774	39,571,619	41,348,035
Number of Physicians	6,245	6,463	6,722	6,996	7,369
Number of Physicians per 1,000 Persons	1.74	1.75	1.78	1.79	1.81
Number of Services per Physician	5,698	5,728	5,601	5,656	5,611
Number of Services per 1,000 Persons	9,913	10,027	9,945	10,120	10,164
Total Physician Payments	$1,845,886,009	$2,126,247,001	$2,295,183,380	$2,442,382,913	$2,576,913,262
Physician Payment per 1,000 Persons	$514,247	$575,906	$606,191	$624,632	$633,450
Average Payment per Physician	$295,578	$328,988	$341,444	$349,111	$349,696
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	910,177	959,086	1,013,407	1,112,167	1,165,174
Number of Allied Practitioners	718	758	791	837	887
Number of Allied Practitioners per 1,000 Persons	0.20	0.21	0.21	0.21	0.22
Number of Services per Allied Practitioner	1,268	1,265	1,281	1,329	1,314
Number of Discrete Allied Patients [3]	565,393	595,008	623,565	677,314	704,742
Number of Discrete Patients per Allied Practitioner	787	785	788	809	795
Total Payments to Allied Practitioners	$40,231,043	$47,872,869	$53,094,539	$59,387,785	$63,616,005
Allied Practitioner Payment per 1,000 Persons	$11,208	$12,967	$14,023	$15,188	$15,638
Average Payment per Allied Practitioner	$56,032	$63,157	$67,123	$70,953	$71,720

Note: This table reflects fee-for-service data only.

Continued...

(1) Numbers have been recalculated to exclude chiropractors from 2008/2009 to 2009/2010.
(2) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.
(3) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

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Table 2.1
Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2009 to March 31, 2013 [1]

Indicators	Percentage Change			
	2010/2009	2011/2010	2012/2011	2012/2013
REGISTRATIONS				
Population Covered	2.86%	2.55%	3.27%	4.04%
Number of Discrete Physician Patients [2]	2.35	1.01	2.49	3.02
Number of Discrete Patients per Physician	(1.05)	(2.99)	(1.54)	(2.01)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	4.11	1.72	5.11	4.49
Number of Physicians	3.45	4.03	4.03	5.22
Number of Physicians per 1,000 Persons	0.57	1.14	0.56	1.36
Number of Services per Physician	0.64	(2.22)	1.04	(0.70)
Number of Services per 1,000 Persons	1.22	(0.81)	1.78	0.43
Total Physician Payments	15.20	7.94	6.41	5.50
Physician Payment per 1,000 Persons	12.00	5.25	3.04	1.40
Average Payment per Physician	11.36	3.76	2.29	0.27
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	4.04	1.71	5.10	4.49
Number of Physicians	3.49	4.01	4.08	5.33
Number of Physicians per 1,000 Persons	0.57	1.71	0.56	1.20
Number of Services per Physician	0.53	(2.21)	0.98	(0.80)
Number of Services per 1,000 Persons	1.15	(0.82)	1.77	0.43
Total Physician Payments	15.19	7.95	6.41	5.51
Physician Payment per 1,000 Persons	11.99	5.26	3.04	1.41
Average Payment per Physician	11.30	3.79	2.25	0.17
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	5.37	5.66	9.75	4.77
Number of Allied Practitioners	5.57	4.35	5.82	5.97
Number of Allied Practitioners per 1,000 Persons	5.00	0.00	0.00	3.83
Number of Services per Allied Practitioner	(0.19)	1.26	3.71	(1.14)
Number of Discrete Allied Patients [3]	5.24	4.80	8.62	4.05
Number of Discrete Patients per Allied Practitioner	(0.32)	0.43	2.65	(1.82)
Total Payments to Allied Practitioners	18.99	10.91	11.85	7.12
Allied Practitioner Payment per 1,000 Persons	15.69	8.15	8.31	2.96
Average Payment per Allied Practitioner	12.72	6.28	5.71	1.08

Note: This table reflects fee-for-service data only.

(1) Numbers have been recalculated to exclude chiropractors from 2008/2009 to 2009/2010.

(2) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(3) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

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Table 2.1A
Number of Services and Total Payments to Allied Health Practitioners by Service Category Code for the Service Year April 1, 2012 to March 31, 2013 (1)

Practitioner Type	Service Category	Number of Services	Total Payments
Dentists/Dental Specialists/ Oral Surgeons	Procedure	16,667	$6,542,652
	Visit	6,347	534,674
Optometrists	Visit	832,665	46,323,436
Podiatrists	Procedure	71,529	3,170,780
	Test (x-ray)	12,403	176,491
	Visit	225,563	6,867,971
Total		1,165,174	$63,616,005

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.

Table 2.2
Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2009 to March 31, 2013

Physician	Number of Physicians					Percentage Change			
Age Group	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 30	104	115	128	116	119	10.58	11.30	(9.38)	2.59
30 - 34	667	676	701	738	780	1.35	3.70	5.28	5.69
35 - 39	975	993	980	1,002	1,063	1.85	(1.31)	2.24	6.09
40 - 44	891	921	995	1,056	1,154	3.37	8.03	6.13	9.28
45 - 49	899	890	931	972	995	(1.00)	4.61	4.40	2.37
50 - 54	970	972	962	957	925	0.21	(1.03)	(0.52)	(3.34)
55 - 59	755	814	847	897	974	7.81	4.05	5.90	8.58
60 - 64	461	516	570	618	653	11.93	10.47	8.42	5.66
65 & Over	544	585	629	659	718	7.54	7.52	4.77	8.95
Total	6,266	6,482	6,743	7,015	7,381	3.45%	4.03%	4.03%	5.22%

Physician	Average Payments					Percentage Change			
Age Group	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 30	$177,010	$184,814	$204,386	$221,758	$197,493	4.41	10.59	8.50	(10.94)
30 - 34	226,333	243,742	264,015	271,973	275,464	7.69	8.32	3.01	1.28
35 - 39	295,418	322,524	339,908	350,593	348,045	9.18	5.39	3.14	(0.73)
40 - 44	305,093	351,937	359,781	377,262	381,587	15.35	2.23	4.86	1.15
45 - 49	312,252	345,578	358,485	366,857	378,581	10.67	3.73	2.34	3.20
50 - 54	333,888	358,656	366,766	361,904	370,518	7.42	2.26	(1.33)	2.38
55 - 59	352,001	398,120	404,133	414,710	390,127	13.10	1.51	2.62	(5.93)
60 - 64	313,318	365,702	384,221	382,606	391,814	16.72	5.06	(0.42)	2.41
65 & Over	197,928	228,763	242,079	246,835	252,092	15.58	5.82	1.96	2.13
Total	$295,516	$329,096	$341,462	$349,274	$350,216	11.36%	3.76%	2.29%	0.27%

Note: This table reflects fee-for-service data only.

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Table 2.2A
Number of Dentists/Dental Specialists/Oral Surgeons and Average Payments to Dentists/Dental Specialists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2009 to March 31, 2013

Dentists/Dental Specialists/Oral Surgeons Age Group	Number of Dentists/Dental Specialists/Oral Surgeons					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 30	3	8	11	10	12	166.67	37.50	(9.09)	20.00
30 - 34	21	17	19	19	23	(19.05)	11.76	0.00	21.05
35 - 39	24	22	21	33	30	(8.33)	(4.55)	57.14	(9.09)
40 - 44	45	44	35	29	26	(2.22)	(20.45)	(17.14)	(10.34)
45 - 49	29	33	32	36	35	13.79	(3.03)	12.50	(2.78)
50 - 54	32	38	36	31	29	18.75	(5.26)	(13.89)	(6.45)
55 - 59	26	26	25	30	31	0.00	(3.85)	20.00	3.33
60 - 64	17	17	21	20	25	0.00	23.53	(4.76)	25.00
65 & Over	5	7	7	10	13	40.00	0.00	42.86	30.00
Total	202	212	207	218	224	4.95%	-2.36%	5.31%	2.75%

Dentists/Dental Specialists/Oral Surgeons Age Group	Average Payments					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 30	$1,103	$834	$909	$3,537	$2,191	(24.35)	8.91	289.26	(38.06)
30 - 34	8,728	16,797	9,337	8,992	20,441	92.44	(44.41)	(3.70)	127.32
35 - 39	20,966	17,763	30,616	25,017	17,109	(15.27)	72.36	(18.29)	(31.61)
40 - 44	13,160	20,908	38,951	46,382	67,504	58.88	86.30	19.08	45.54
45 - 49	34,625	30,490	37,591	35,316	9,952	(11.94)	23.29	(6.05)	(71.82)
50 - 54	29,899	23,401	11,685	17,006	49,028	(21.73)	(50.07)	45.54	188.30
55 - 59	35,899	35,870	39,566	32,741	34,064	(0.08)	10.30	(17.25)	4.04
60 - 64	16,000	20,233	42,862	51,972	50,767	26.45	111.84	21.25	(2.32)
65 & Over	6,298	10,355	5,796	9,665	16,710	64.42	(44.03)	66.75	72.89
Total	$22,177	$22,865	$27,763	$28,870	$31,595	3.10%	21.42%	3.99%	9.44%

Note: This table reflects fee-for-service data only.

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Table 2.2B
Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2009 to March 31, 2013

Optometrist Age Group	Number of Optometrists					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 30	80	81	87	103	124	1.25	7.41	18.39	20.39
30 - 34	94	102	113	121	127	8.51	10.78	7.08	4.96
35 - 39	84	93	100	102	100	10.71	7.53	2.00	(1.96)
40 - 44	46	58	68	70	84	26.09	17.24	2.94	20.00
45 - 49	28	29	29	36	41	3.57	0.00	24.14	13.89
50 - 54	42	36	35	33	30	(14.29)	(2.78)	(5.71)	(9.09)
55 - 59	35	35	37	38	39	0.00	5.71	2.70	2.63
60 - 64	28	26	27	25	28	(7.14)	3.85	(7.41)	12.00
65 & Over	21	26	28	29	26	23.81	7.69	3.57	(10.34)
Total	458	486	524	557	599	6.11%	7.82%	6.30%	7.54%

Optometrist Age Group	Average Payments					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 30	$47,619	$56,896	$56,382	$58,207	$61,490	19.48	(0.90)	3.24	5.64
30 - 34	64,002	71,394	70,060	78,731	75,364	11.55	(1.87)	12.38	(4.28)
35 - 39	64,662	73,326	78,398	83,739	86,394	13.40	6.92	6.81	3.17
40 - 44	59,986	76,253	80,916	86,077	85,575	27.12	6.12	6.38	(0.58)
45 - 49	67,399	74,680	82,139	84,919	84,419	10.80	9.99	3.38	(0.59)
50 - 54	75,581	82,441	86,946	88,651	88,142	9.08	5.47	1.96	(0.57)
55 - 59	62,395	75,207	85,051	99,290	92,910	20.53	13.09	16.74	(6.43)
60 - 64	50,412	73,309	74,397	79,468	72,137	45.42	1.48	6.82	(9.22)
65 & Over	35,809	44,628	49,521	50,925	59,656	24.63	10.97	2.83	17.15
Total	$59,881	$70,627	$72,770	$77,752	$77,335	17.95%	3.03%	6.85%	-0.54%

Note: This table reflects fee-for-service data only

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Table 2.2C
Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2009 to March 31, 2013

Podiatrist Age Group	Number of Podiatrists					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 35	7	7	4	2	2	0.00	(42.86)	(50.00)	0.00
35 - 39	10	7	8	11	12	(30.00)	14.29	37.50	9.09
40 - 44	16	18	17	19	15	12.50	(5.56)	11.76	(21.05)
45 - 49	10	12	15	12	15	20.00	25.00	(20.00)	25.00
50 - 54	6	8	7	8	8	33.33	(12.50)	14.29	0.00
55 & Over	9	8	9	10	12	(11.11)	12.50	11.11	20.00
Total	58	60	60	62	64	3.45%	0.00%	3.33%	3.23%

Podiatrist Age Group	Average Payments					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Under 35	$102,447	$92,420	$114,002	$109,461	$108,609	(9.79)	23.35	(3.96)	(0.78)
35 - 39	139,007	132,762	122,736	110,605	137,078	(4.49)	(7.55)	(9.88)	23.93
40 - 44	193,938	182,676	190,930	183,270	162,543	(5.81)	4.52	(4.01)	(11.31)
45 - 49	152,515	171,505	186,997	194,801	208,162	12.45	9.03	4.17	6.86
50 - 54	98,646	112,137	120,715	180,760	194,948	13.68	7.65	49.74	7.85
55 & Over	110,947	110,109	98,040	108,498	102,744	(0.75)	(10.96)	10.67	(5.30)
Total	$143,547	$145,008	$153,600	$157,845	$159,613	1.02%	5.93%	2.76%	1.12%

Note: This table reflects fee-for-service data only.

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Table 2.3
Distribution of Physician and Allied Health Practitioner Payments and Services per Patient for the Service Year April 1, 2012 to March 31, 2013 (1)

Practitioner Type	Total Payments	Number of Services	Average Cost per Service	Number of Discrete Patients (2)	Average Cost Per Discrete Patient	Average Number of Services Per Discrete Patient
Physicians	$2,584,944,346	41,681,645	$62.02	3,240,162	$797.78	12.9
Dentists/Dental Specialists/Oral Surgeons	7,077,327	23,014	307.52	14,254	496.52	1.6
Optometrists	46,323,436	832,665	55.63	613,717	75.48	1.4
Podiatrists	10,215,243	309,495	33.01	105,657	96.68	2.9
Total	$2,648,560,351	42,846,819		3,318,789		
Averages Based on Totals			$61.81		$798.05	12.9

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.
(2) Number of Discrete Patients contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

Table 2.4
Total Number of Services Provided by Physicians and Allied Health Practitioners for the Service Years Ended March 31, 2009 to March 31, 2013 (1)

Practitioner Type	Number of Services					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Physicians	35,838,334	37,310,962	37,952,270	39,892,223	41,681,645	4.11%	1.72%	5.11%	4.49%
Dentists/Dental Specialists/Oral Surgeons	18,075	18,963	21,052	20,784	23,014	4.91	11.02	(1.27)	10.73
Optometrists	602,073	646,171	690,974	782,911	832,665	7.32	6.93	13.31	6.36
Podiatrists	290,029	293,952	301,381	308,472	309,495	1.35	2.53	2.35	0.33
Total	36,748,511	38,270,048	38,965,677	41,004,390	42,846,819	4.14%	1.82%	5.23%	4.49%

Note: This table reflects fee-for-service data only.
(1) Numbers have been recalculated to exclude chiropractors from 2008/2009 to 2009/2010.

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Table 2.5A
Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2009 to March 31, 2013

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2008/2009	$13,998,585	311,986	$44.87	277,508	$50.44	1.12	879,601
2009/2010	15,762,021	320,429	49.19	283,634	55.57	1.13	894,837
2010/2011	17,007,831	331,343	51.33	291,939	58.26	1.13	909,719
2011/2012	18,215,775	353,626	51.51	308,471	59.05	1.15	930,958
2012/2013	$18,784,745	362,624	$51.80	313,478	$59.92	1.16	959,794

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.5B
Distribution of Optometry Payments and Services per Patient for Recipients 19 to 64 Years of Age for the Service Years Ended March 31, 2009 to March 31, 2013

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2008/2009	$3,338,666	80,401	$41.53	57,655	$57.91	1.39	2,325,138
2009/2010	4,578,680	101,222	45.23	71,420	64.11	1.42	2,400,052
2010/2011	5,769,500	122,189	47.22	84,406	68.35	1.45	2,465,582
2011/2012	7,389,420	155,391	47.55	106,344	69.49	1.46	2,547,588
2012/2013	$8,335,025	173,533	$48.03	120,199	$69.34	1.44	2,653,234

Note: This table reflects fee-for-service data only.
(1) Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. However, routine eye exams for Albertans age 19 to 64 years of age are not covered.
(2) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.5C
Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2009 to March 31, 2013

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2008/2009	$10,088,319	209,686	$48.11	144,720	$69.71	1.45	384,755
2009/2010	13,984,233	224,520	62.29	153,674	91.00	1.46	397,112
2010/2011	15,354,154	237,442	64.66	159,677	96.16	1.49	410,937
2011/2012	17,702,469	273,894	64.63	174,174	101.64	1.57	431,571
2012/2013	$19,203,667	296,508	$64.77	180,634	$106.31	1.64	455,034

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

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Table 2.6
Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type for the Service Years Ended March 31, 2009 to March 31, 2013 [1] [2]

Practitioner Type	Number of Practitioners					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Physicians	6,266	6,482	6,743	7,015	7,381	3.45	4.03	4.03	5.22
Dentists/Dental Specialists/Oral Surgeons	202	212	207	218	224	4.95	(2.36)	5.31	2.75
Optometrists	458	486	524	557	599	6.11	7.82	6.30	7.54
Podiatrists	58	60	60	62	64	3.45	0.00	3.33	3.23
Total	6,984	7,240	7,534	7,852	8,268	3.67%	4.06%	4.22%	5.30%

Practitioner Type	Total Payments					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Physicians	$1,851,703,042	$2,133,199,354	$2,302,481,210	$2,450,159,476	$2,584,944,346	15.20	7.94	6.41	5.50
Dentists/Dental Specialists/Oral Surgeons	4,479,725	4,847,467	5,747,026	6,293,750	7,077,327	8.21	18.56	9.51	12.45
Optometrists	27,425,569	34,324,934	38,131,485	43,307,665	46,323,436	25.16	11.09	13.57	6.96
Podiatrists	8,325,748	8,700,467	9,216,028	9,786,370	10,215,243	4.50	5.93	6.19	4.38
Total	$1,891,934,086	$2,181,072,223	$2,355,575,748	$2,509,547,261	$2,648,560,351	15.28%	8.00%	6.54%	5.54%

Practitioner Type	Average Payment					Percentage Change			
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Physicians	$295,516	$329,096	$341,462	$349,274	$350,216	11.36	3.76	2.29	0.27
Dentists/Dental Specialists/Oral Surgeons	22,177	22,865	27,763	28,870	31,595	3.10	21.42	3.99	9.44
Optometrists	59,881	70,627	72,770	77,752	77,335	17.95	3.03	6.85	(0.54)
Podiatrists	143,547	145,008	153,600	157,845	159,613	1.02	5.93	2.76	1.12
Total	$270,895	$301,253	$312,659	$319,606	$320,339	11.21%	3.79%	2.22%	0.23%

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.
(2) Numbers have been recalculated to exclude chiropractors from 2008/2009 to 2009/2010.

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Table 2.7
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2009 to March 31, 2013 (1) (2) (3)

Dollar Range	Total					Physicians					Dentists/Dental Specialists/Oral Surgeons				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Less than $10,000	582	590	592	602	660	389	388	395	402	443	166	173	174	179	187
10,000 - 19,999	223	172	167	195	193	180	137	134	147	155	8	10	1	10	4
20,000 - 39,999	336	312	329	303	343	242	229	236	223	259	5	7	8	6	5
40,000 - 59,999	293	297	322	317	348	191	216	222	222	233	1	2	2		5
60,000 - 79,999	303	312	302	335	305	194	206	207	238	205	4		1	1	2
80,000 - 99,999	305	294	282	303	299	239	201	198	202	194	4	3	2	3	3
100,000 - 119,999	272	238	250	255	301	230	186	190	189	229	4	4	3	3	1
120,000 - 139,999	227	246	274	251	273	210	211	225	204	224	1	3	4	2	1
140,000 - 159,999	261	224	219	247	278	243	194	196	210	242	1	2		3	3
160,000 - 179,999	265	241	243	238	251	256	228	223	218	229	1	1	3	2	1
180,000 - 199,999	240	229	228	254	261	233	221	221	240	246	1	2			1
200,000 - 299,999	1,211	1,174	1,197	1,248	1,268	1,199	1164	1179	1228	1248	2		4	3	5
300,000 - 399,999	983	1,017	1,039	1,041	1,121	979	1011	1034	1038	1116	3	3	1	1	1
400,000 - 499,999	617	711	785	836	837	616	708	779	831	833		1	3	3	1
500,000 - 599,999	302	433	450	494	539	302	433	450	491	538				1	1
600,000 - 699,999	183	223	247	283	290	183	223	247	283	287					2
700,000 - 799,999	114	166	191	189	202	113	165	191	189	202	1	1			
800,000 - 899,999	60	97	112	114	126	60	97	112	114	126					
900,000 - 999,999	53	63	62	74	73	53	63	61	74	73			1		
1,000,000 - 1,999,999	129	168	201	223	246	129	168	201	222	245				1	1
2,000,000 & Over	25	33	42	50	54	25	33	42	50	54					
Total	6,984	7,240	7,534	7,852	8,268	6,266	6,482	6,743	7,015	7,381	202	212	207	218	224

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

(3) Numbers have been recalculated to exclude chiropractors from 2008/2009 to 2009/2010.

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Table 2.7
Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2009 to March 31, 2013 (1) (2) (3)

Dollar Range	Optometrists					Podiatrists				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Less than $10,000	27	29	23	20	30				1	
10,000 - 19,999	34	25	32	38	34	1				
20,000 - 39,999	85	74	84	73	78	4	2	1	1	1
40,000 - 59,999	98	77	94	92	105	3	2	4	3	5
60,000 - 79,999	100	97	90	90	95	5	9	4	6	3
80,000 - 99,999	58	86	78	94	95	4	4	4	4	7
100,000 - 119,999	32	41	49	54	62	6	7	8	9	9
120,000 - 139,999	8	24	32	38	42	8	8	13	7	6
140,000 - 159,999	8	17	16	28	26	9	11	7	6	7
160,000 - 179,999	4	8	11	10	13	4	4	6	8	8
180,000 - 199,999	2	2	7	11	7	4	4		3	7
200,000 - 299,999	2	5	6	7	9	8	5	8	10	6
300,000 - 399,999		1	1	1	2	1	2	3	1	2
400,000 - 499,999			1			1	2	2	2	3
500,000 - 599,999				1					1	
600,000 - 699,999					1					
700,000 - 799,999										
800,000 - 899,999										
900,000 - 999,999										
1,000,000 - 1,999,999										
2,000,000 & Over										
Total	458	486	524	557	599	58	60	60	62	64

Note: This table reflects fee-for-service data only.
(1) A blank cell represents a zero value.
(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.
(3) Numbers have been recalculated to exclude chiropractors from 2008/2009 to 2009/2010.

Table 2.8
Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2009 to March 31, 2013

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients (1)	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2008/2009	$1,851,703,042	35,838,334	$51.67	2,968,190	$623.85	12.07	3,589,494
2009/2010	2,133,199,354	37,310,962	57.17	3,037,953	702.18	12.28	3,692,001
2010/2011	2,302,481,210	37,952,270	60.67	3,068,772	750.29	12.37	3,786,238
2011/2012	2,450,159,476	39,892,223	61.42	3,145,227	779.01	12.68	3,910,117
2012/2013	$2,584,944,346	41,681,645	$62.02	3,240,162	$797.78	12.86	4,068,062
Percentage Change 2013/2012	5.50	4.49	0.97	3.02	2.41	1.42	4.04
Annual Average Percentage Change for Last 5 Years	8.70	3.85	4.67	2.22	6.34	1.60	3.18

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

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Table 2.9
Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2012 to March 31, 2013

Dollar Range	Distribution of		
	Discrete Patients [1]	Payments	Services
$ 0.01 - 50.00	234,742	$8,394,338	239,406
50.01 - 100.00	324,309	23,897,618	511,467
100.01 - 200.00	545,204	79,796,350	1,576,368
200.01 - 300.00	374,092	92,605,616	1,718,100
300.01 - 400.00	280,783	97,717,788	1,763,446
400.01 - 500.00	220,883	98,969,022	1,778,692
500.01 - 600.00	173,845	95,300,185	1,697,108
600.01 - 700.00	139,291	90,298,888	1,582,825
700.01 - 800.00	112,564	84,220,949	1,460,230
800.01 - 900.00	92,391	78,385,027	1,343,454
900.01 - 1,000.00	77,029	73,060,496	1,240,512
1,000.01 - 2,000.00	371,636	518,960,427	8,450,991
2,000.01 - 3,000.00	132,867	323,132,466	4,860,784
3,000.01 - 4,000.00	63,308	218,185,430	3,184,070
4,000.01 - 5,000.00	34,092	151,684,691	2,207,702
5,000.01 & Over	63,126	550,335,056	8,066,490
Total	3,240,162	$2,584,944,346	41,681,645

Note: This table reflects fee-for-service data only.

(1) Discrete Patients contains the actual count of patients who received at least one medical service during the fiscal year.

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Table 2.9A
Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2012 to March 31, 2013

Dollar Range	Percentage Distribution		
	Discrete Patients (1)	Payments	Services
$ 0.01 - 50.00	7.24	0.32	0.57
50.01 - 100.00	10.01	0.92	1.23
100.01 - 200.00	16.83	3.09	3.78
200.01 - 300.00	11.55	3.58	4.12
300.01 - 400.00	8.67	3.78	4.23
400.01 - 500.00	6.82	3.83	4.27
500.01 - 600.00	5.37	3.69	4.07
600.01 - 700.00	4.30	3.49	3.80
700.01 - 800.00	3.47	3.26	3.50
800.01 - 900.00	2.85	3.03	3.22
900.01 - 1,000.00	2.38	2.83	2.98
1,000.01 - 2,000.00	11.47	20.08	20.28
2,000.01 - 3,000.00	4.10	12.50	11.66
3,000.01 - 4,000.00	1.95	8.44	7.64
4,000.01 - 5,000.00	1.05	5.87	5.30
5,000.01 & Over	1.95	21.29	19.35
Total	100.00	100.00	100.00

Note: This table reflects fee-for-service data only.

(1) Discrete Patients contains the percentage of the actual count of patients who received at least one medical service during the fiscal year.

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Table 2.10
Distribution of Physicians by Specialty
for the Service Years Ended March 31, 2009 to March 31, 2013

Physicians by Specialty	Number of Physicians				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Total: All Physicians	6,266	6,482	6,743	7,015	7,381
Subtotal:					
All Physicians (except Pathology)	6,245	6,463	6,722	6,996	7,369
All Specialists (except GP/FPs & Pathology)	2,753	2,845	2,952	3,089	3,268
Physicians by Specialty					
Anaesthesiology	323	345	360	385	396
Cardiovascular and Thoracic Surgery	22	23	22	22	25
Dermatology	39	39	44	45	47
Emergency Medicine	84	92	101	108	118
General/Family Physicians (GP/FPs)	3,492	3,618	3,770	3,907	4,101
- General/Family Physicians	3,274	3,394	3,537	3,667	3,842
- Full-Time Emergency Room Physicians	189	195	200	209	226
- Mental Health Generalists	15	15	17	16	18
- Other General Practice Physicians (1)	14	14	16	15	15
General Surgery	170	180	184	193	195
- General Surgery designated specialty	156	165	168	175	177
- Other General Surgery	14	15	16	18	18
Internal Medicine	569	565	571	597	645
- Internal Medicine designated specialty	244	243	253	278	308
- Cardiology	71	74	77	74	81
- Endocrinology/Metabolism	3	2	2	3	3
- Gastroenterology	52	50	51	46	59
- Infectious Diseases	19	16	16	18	20
- Other Internal Medicine	180	180	172	178	174
Neurology	45	42	50	47	52
Neurosurgery	10	12	11	16	21
Obstetrics-Gynaecology	171	184	188	196	193
Ophthalmology	102	106	110	113	116
Orthopaedic Surgery	133	138	146	147	164
Otolaryngology	55	54	57	63	63
Paediatrics	219	247	256	268	303
Physical Medicine & Rehabilitation	34	30	32	34	41
Plastic Surgery	51	51	53	55	54
Psychiatry	387	396	407	423	450
Urology	49	47	46	48	47
Laboratory Specialists	311	313	335	348	350
- Pathology	21	19	21	19	12
- Radiology	290	294	314	329	338

Note: This table reflects fee-for-service data only.

(1) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10A
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2009 to March 31, 2013 [1]

Physicians by Specialty	Average Payment				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Total: All Physicians	$295,516	$329,096	$341,462	$349,274	$350,216
Subtotal:					
All Physicians (except Pathology)	295,578	328,988	341,444	349,111	349,696
All Specialists (except GP/FPs & Pathology)	374,909	411,328	432,414	443,323	443,711
Physicians by Specialty					
Anaesthesiology	303,748	330,478	345,311	344,431	351,140
Cardiovascular and Thoracic Surgery	556,342	584,110	595,545	642,949	591,802
Dermatology	645,936	726,838	698,525	733,252	744,914
Emergency Medicine	229,956	258,072	256,949	271,454	272,883
General/Family Physicians (GP/FPs)	233,036	264,240	270,211	274,624	274,778
- General/Family Physicians	231,902	263,135	269,068	272,596	272,375
- Full-Time Emergency Room Physicians	262,989	294,572	305,242	319,825	322,533
- Mental Health Generalists	245,511	283,483	284,211	331,156	350,899
- Other General Practice Physicians [2]	80,618	88,973	70,140	80,536	79,366
General Surgery	379,562	414,878	434,080	437,777	439,316
- General Surgery designated specialty	378,628	415,714	434,554	440,385	439,877
- Other General Surgery	389,961	405,680	429,104	412,424	433,793
Internal Medicine	314,814	360,242	391,641	402,655	407,421
- Internal Medicine designated specialty	261,489	311,275	331,938	333,082	336,758
- Cardiology	558,214	628,161	662,653	758,117	722,607
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	323,366	374,530	391,377	445,780	434,092
- Infectious Diseases	72,056	83,434	111,520	91,166	104,420
- Other Internal Medicine	316,298	337,727	386,159	388,407	415,633
Neurology	220,684	266,795	232,845	260,971	259,296
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	440,763	440,808	455,566	449,182	471,021
Ophthalmology	710,840	761,752	876,508	956,283	984,186
Orthopaedic Surgery	372,227	401,436	415,023	439,891	407,587
Otolaryngology	457,863	498,270	517,784	510,312	548,998
Paediatrics	187,432	207,409	220,857	228,703	220,355
Physical Medicine & Rehabilitation	189,985	249,562	288,638	299,788	328,849
Plastic Surgery	382,087	409,521	414,089	433,523	442,216
Psychiatry	259,736	289,402	300,836	301,440	295,344
Urology	440,840	493,619	528,645	564,097	608,251
Laboratory Specialists	699,210	786,935	798,845	825,993	862,971
- Pathology	277,002	365,913	347,516	409,293	669,257
- Radiology	729,784	814,144	829,030	850,058	869,849

Note: This table reflects fee-for-service data only.

Continued...

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10A
Distribution of Average Gross Payments Percentage Change for the Service Years Ended March 31, 2009 to March 31, 2013 [1]

Physicians by Specialty	Percentage Change			
	2010/2009	2011/2010	2012/2011	2013/2012
Total: All Physicians	11.36%	3.76%	2.29%	0.27%
Subtotal:				
All Physicians (except Pathology)	11.30	3.79	2.25	0.17
All Specialists (except GP/FPs & Pathology)	9.71	5.13	2.52	0.09
Physicians by Specialty				
Anaesthesiology	8.80	4.49	(0.25)	1.95
Cardiovascular and Thoracic Surgery	4.99	1.96	7.96	(7.96)
Dermatology	12.52	(3.90)	4.97	1.59
Emergency Medicine	12.23	(0.43)	5.64	0.53
General/Family Physicians (GP/FPs)	13.39	2.26	1.63	0.06
- General/Family Physicians	13.47	2.25	1.31	(0.08)
- Full-Time Emergency Room Physicians	12.01	3.62	4.78	0.85
- Mental Health Generalists	15.47	0.26	16.52	5.96
- Other General Practice Physicians [2]	10.36	(21.17)	14.82	(1.45)
General Surgery	9.30	4.63	0.85	0.35
- General Surgery designated specialty	9.79	4.53	1.34	(0.12)
- Other General Surgery	4.03	5.77	(3.89)	5.18
Internal Medicine	14.43	8.72	2.81	1.18
- Internal Medicine designated specialty	19.04	6.64	0.34	1.10
- Cardiology	12.53	5.49	14.41	(4.68)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	15.82	4.50	13.90	(2.62)
- Infectious Diseases	15.79	33.66	(18.25)	14.54
- Other Internal Medicine	6.77	14.34	0.58	7.01
Neurology	20.89	(12.72)	12.08	(0.64)
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	0.01	3.35	(1.40)	4.86
Ophthalmology	7.16	15.06	9.10	2.92
Orthopaedic Surgery	7.85	3.38	5.99	(7.34)
Otolaryngology	8.83	3.92	(1.44)	7.58
Paediatrics	10.66	6.48	3.55	(3.65)
Physical Medicine & Rehabilitation	31.36	15.66	3.86	9.69
Plastic Surgery	7.18	1.12	4.69	2.00
Psychiatry	11.42	3.95	0.20	(2.02)
Urology	11.97	7.10	6.71	7.83
Laboratory Specialists	12.55	1.51	3.40	4.48
- Pathology	32.10	(5.03)	17.78	83.52
- Radiology	11.56	1.83	2.54	2.33

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.10B
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2009 to March 31, 2013 [1]

Physicians by Specialty	Median Payment				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Total: All Physicians	$243,945	$271,762	$279,360	$282,214	$281,546
Subtotal:					
All Physicians (except Pathology)	244,329	272,314	279,713	282,744	281,908
All Specialists (except GP/FPs & Pathology)	307,103	335,865	348,726	355,076	349,081
Physicians by Specialty					
Anaesthesiology	309,461	339,985	351,985	349,260	348,581
Cardiovascular and Thoracic Surgery	566,228	576,054	612,913	638,480	620,407
Dermatology	514,690	632,953	546,269	628,701	648,029
Emergency Medicine	197,644	245,450	257,156	269,863	271,116
General/Family Physicians (GP/FPs)	216,359	243,612	248,886	250,540	249,160
- General/Family Physicians	213,279	241,921	245,518	247,108	243,077
- Full-Time Emergency Room Physicians	259,653	283,583	293,306	301,251	307,339
- Mental Health Generalists	260,542	288,780	282,730	368,126	365,580
- Other General Practice Physicians [2]	30,078	30,620	15,309	23,416	30,333
General Surgery	386,927	417,476	453,766	457,597	458,904
- General Surgery designated specialty	386,927	418,591	453,766	456,016	454,401
- Other General Surgery	383,215	398,701	465,709	498,157	471,902
Internal Medicine	232,107	287,535	312,188	334,956	340,975
- Internal Medicine designated specialty	200,216	272,641	290,544	287,781	258,497
- Cardiology	527,693	557,781	599,140	694,939	694,280
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A	N/A
- Gastroenterology	232,032	325,366	298,298	469,210	466,193
- Infectious Diseases	28,315	68,576	84,324	68,643	69,631
- Other Internal Medicine	240,673	214,700	284,044	304,843	338,265
Neurology	179,003	258,163	125,198	287,452	242,163
Neurosurgery	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	401,534	373,412	386,851	376,841	408,082
Ophthalmology	577,507	651,924	741,625	834,273	787,018
Orthopaedic Surgery	400,722	438,377	445,463	476,919	457,840
Otolaryngology	443,484	459,689	544,899	560,535	566,072
Paediatrics	119,228	138,493	155,873	160,250	167,328
Physical Medicine & Rehabilitation	182,253	210,268	225,811	226,356	296,260
Plastic Surgery	382,746	438,120	400,702	443,899	443,461
Psychiatry	246,269	265,201	277,779	274,895	266,840
Urology	433,312	514,515	519,623	553,707	583,421
Laboratory Specialists	584,498	641,984	668,406	628,067	646,349
- Pathology	2,873	5,357	2,535	1,331	2,417
- Radiology	616,457	684,173	710,966	679,816	674,999

Note: This table reflects fee-for-service data only.

Continued

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternative Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine

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Table 2.10B
Distribution of Median Gross Payments Percentage Change for the Service Years Ended March 31, 2009 to March 31, 2013 [1]

Physicians by Specialty	Percentage Change			
	2010/2009	2011/2010	2012/2011	2013/2012
Total: All Physicians	11.40%	2.80%	1.02%	-0.24%
Subtotal:				
All Physicians (except Pathology)	11.45	2.72	1.08	(0.30)
All Specialists (except GP/FPs & Pathology)	9.37	3.83	1.82	(1.69)
Physicians by Specialty				
Anaesthesiology	9.86	3.53	(0.77)	(0.19)
Cardiovascular and Thoracic Surgery	1.74	6.40	4.17	(2.83)
Dermatology	22.98	(13.70)	15.09	3.07
Emergency Medicine	24.19	4.77	4.94	0.46
General/Family Physicians (GP/FPs)	12.60	2.16	0.66	(0.55)
- General/Family Physicians	13.43	1.49	0.65	(1.63)
- Full-Time Emergency Room Physicians	9.22	3.43	2.71	2.02
- Mental Health Generalists	10.84	(2.10)	30.20	(0.69)
- Other General Practice Physicians [2]	1.80	(50.00)	52.96	29.54
General Surgery	7.90	8.69	0.84	0.29
- General Surgery designated specialty	8.18	8.40	0.50	(0.35)
- Other General Surgery	4.04	16.81	6.97	(5.27)
Internal Medicine	23.88	8.57	7.29	1.80
- Internal Medicine designated specialty	36.17	6.57	(0.95)	(10.18)
- Cardiology	5.70	7.41	15.99	(0.09)
- Endocrinology/Metabolism	N/A	N/A	N/A	N/A
- Gastroenterology	40.22	(8.32)	57.30	(0.64)
- Infectious Diseases	142.19	22.97	(18.60)	1.44
- Other Internal Medicine	(10.79)	32.30	7.32	10.96
Neurology	44.22	(51.50)	129.60	(15.76)
Neurosurgery	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	(7.00)	3.60	(2.59)	8.29
Ophthalmology	12.89	13.76	12.49	(5.66)
Orthopaedic Surgery	9.40	1.62	7.06	(4.00)
Otolaryngology	3.65	18.54	2.87	0.99
Paediatrics	16.16	12.55	2.81	4.42
Physical Medicine & Rehabilitation	15.37	7.39	0.24	30.88
Plastic Surgery	14.47	(8.54)	10.78	(0.10)
Psychiatry	7.69	4.74	(1.04)	(2.93)
Urology	18.74	0.99	6.56	5.37
Laboratory Specialists	9.84	4.12	(6.04)	2.91
- Pathology	86.47	(52.67)	(47.48)	81.52
- Radiology	10.98	3.92	(4.38)	(0.71)

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternative Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2012 to March 31, 2013 (1) (2)

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$1,424,443	443	$1,413,878	436	$683,699	240
10,000 - 19,999	2,321,639	155	2,321,639	155	1,076,948	70
20,000 - 39,999	7,768,610	259	7,768,610	259	3,453,606	114
40,000 - 59,999	11,607,789	233	11,607,789	233	4,078,088	82
60,000 - 79,999	14,411,829	205	14,411,829	205	5,948,848	85
80,000 - 99,999	17,457,637	194	17,457,637	194	6,005,021	67
100,000 - 119,999	25,163,071	229	25,052,562	228	9,085,786	83
120,000 - 139,999	29,161,410	224	29,033,597	223	7,147,162	55
140,000 - 159,999	36,294,217	242	36,294,217	242	11,587,718	77
160,000 - 179,999	38,833,049	229	38,833,049	229	12,564,290	74
180,000 - 199,999	46,850,178	246	46,850,178	246	14,265,246	75
200,000 - 299,999	310,410,847	1,248	310,410,847	1,248	103,585,759	417
300,000 - 399,999	387,827,851	1,116	387,827,851	1,116	134,344,256	385
400,000 - 499,999	372,337,286	833	371,932,485	832	168,432,523	374
500,000 - 599,999	292,851,610	538	292,851,610	538	175,094,898	321
600,000 - 699,999	185,189,140	287	185,189,140	287	128,865,518	200
700,000 - 799,999	150,588,953	202	150,588,953	202	102,528,431	137
800,000 - 899,999	107,098,631	126	107,098,631	126	80,027,459	94
900,000 - 999,999	68,710,321	73	68,710,321	73	52,839,126	56
1,000,000 - 1,999,999	335,486,367	245	335,486,367	245	295,357,892	211
2,000,000 & Over	143,149,467	54	135,772,071	52	133,076,216	51
Total	$2,584,944,346	7,381	$2,576,913,262	7,369	$1,450,048,488	3,268

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2012 to March 31, 2013 [1] [2]

Dollar Range	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$45,499	6	$5,317	1	$359	1
10,000 - 19,999	130,208	8				
20,000 - 39,999	382,582	13				
40,000 - 59,999	339,644	7				
60,000 - 79,999	730,008	10	145,424	2		
80,000 - 99,999	612,046	7			184,587	2
100,000 - 119,999	1,393,333	13			221,039	2
120,000 - 139,999	660,501	5				
140,000 - 159,999	928,964	6	157,656	1		
160,000 - 179,999	671,755	4				
180,000 - 199,999	2,090,787	11			191,008	1
200,000 - 299,999	16,858,409	68	1,096,367	4	744,213	3
300,000 - 399,999	27,992,097	80	1,140,421	3	1,434,701	4
400,000 - 499,999	33,398,212	74			928,668	2
500,000 - 599,999	29,253,339	54	568,219	1	3,665,221	7
600,000 - 699,999	7,656,103	12	620,407	1	1,935,840	3
700,000 - 799,999	7,371,173	10	4,579,594	6	3,023,287	4
800,000 - 899,999	4,152,947	5			3,484,963	4
900,000 - 999,999			1,867,917	2	2,875,277	3
1,000,000 - 1,999,999	4,383,968	3	4,613,726	4	14,171,051	10
2,000,000 & Over					2,150,746	1
Total	$139,051,573	396	$14,795,047	25	$35,010,961	47

Note: This table reflects fee-for-service data only.

Continued...

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2012 to March 31, 2013 (1)(2)

Dollar Range	Emergency Medicine		All General/Family Physicians		All General Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$5,196	2	$730,179	196	$52,187	9
10,000 - 19,999	13,828	1	1,244,692	85	63,556	4
20,000 - 39,999	66,353	2	4,315,003	145	118,694	4
40,000 - 59,999	101,476	2	7,529,701	151	295,280	6
60,000 - 79,999	278,879	4	8,462,981	120	66,814	1
80,000 - 99,999	269,230	3	11,452,616	127	283,789	3
100,000 - 119,999	336,033	3	15,966,776	145	768,470	7
120,000 - 139,999	654,180	5	21,886,436	168	127,022	1
140,000 - 159,999	753,783	5	24,706,499	165	598,352	4
160,000 - 179,999	508,445	3	26,268,760	155	336,601	2
180,000 - 199,999	1,533,328	8	32,584,932	171	368,379	2
200,000 - 299,999	7,493,486	30	206,825,088	831	4,912,163	19
300,000 - 399,999	11,464,316	33	253,483,595	731	6,571,844	19
400,000 - 499,999	4,728,037	11	203,499,962	458	14,279,980	31
500,000 - 599,999	518,425	1	117,756,713	217	17,666,384	32
600,000 - 699,999	1,877,737	3	56,323,622	87	14,719,943	23
700,000 - 799,999	794,383	1	48,060,522	65	10,382,794	14
800,000 - 899,999	803,081	1	27,071,172	32	5,899,053	7
900,000 - 999,999			15,871,195	17	1,846,747	2
1,000,000 - 1,999,999			40,128,475	34	4,266,313	4
2,000,000 & Over			2,695,855	1	2,042,227	1
Total	$32,200,195	118	$1,126,864,773	4,101	$85,666,590	195

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2012 to March 31, 2013 (1)(2)

Dollar Range	All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$207,064	79	$14,704	13	$36,508	11
10,000 - 19,999	337,889	21	18,029	1	43,012	3
20,000 - 39,999	1,303,237	41				
40,000 - 59,999	904,716	18	129,167	3		
60,000 - 79,999	1,402,706	20	64,889	1	145,727	2
80,000 - 99,999	898,253	10	93,244	1	172,777	2
100,000 - 119,999	1,762,700	16	106,067	1	113,182	1
120,000 - 139,999	1,259,407	10				
140,000 - 159,999	2,237,190	15	154,053	1		
160,000 - 179,999	1,363,783	8	176,475	1		
180,000 - 199,999	2,289,583	12	374,100	2		
200,000 - 299,999	14,817,444	60	1,245,293	5	407,799	2
300,000 - 399,999	15,174,829	43	2,795,991	8		
400,000 - 499,999	34,141,262	76	3,053,166	7		
500,000 - 599,999	34,344,777	63	1,041,011	2		
600,000 - 699,999	23,976,518	37	2,653,554	4		
700,000 - 799,999	21,720,633	29	750,613	1		
800,000 - 899,999	21,434,171	25	813,051	1		
900,000 - 999,999	13,341,576	14				
1,000,000 - 1,999,999	59,162,898	44				
2,000,000 & Over	10,705,863	4				
Total	$262,786,502	645	$13,483,408	52	$919,004	21

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2012 to March 31, 2013 (1)(2)

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$24,984	10	$612	1	$33,444	7
10,000 - 19,999	84,386	6	36,390	2	65,555	4
20,000 - 39,999	150,312	5	64,956	2	98,281	4
40,000 - 59,999	144,753	3			452,506	9
60,000 - 79,999	344,169	5	218,944	3	65,197	1
80,000 - 99,999	452,314	5	84,089	1	275,967	3
100,000 - 119,999	436,096	4	105,022	1	429,430	4
120,000 - 139,999	268,439	2	270,714	2	414,574	3
140,000 - 159,999	150,972	1	308,090	2	748,794	5
160,000 - 179,999	348,748	2	651,806	4	663,137	4
180,000 - 199,999	963,377	5	365,333	2		
200,000 - 299,999	6,235,224	25	1,397,354	6	4,657,351	18
300,000 - 399,999	7,879,998	23	2,527,987	7	3,807,014	11
400,000 - 499,999	9,031,300	20	3,177,437	7	12,565,824	27
500,000 - 599,999	14,357,318	26	2,721,480	5	13,691,565	25
600,000 - 699,999	7,676,424	12	4,442,589	7	15,447,777	24
700,000 - 799,999	8,886,221	12	5,199,585	7	5,928,725	8
800,000 - 899,999	6,687,128	8	5,182,317	6	2,635,230	3
900,000 - 999,999	4,612,791	5	3,788,028	4	1,858,118	2
1,000,000 - 1,999,999	15,736,286	11	41,938,211	31	3,005,708	2
2,000,000 & Over	6,435,798	3	41,684,633	16		
Total	$90,907,036	193	$114,165,576	116	$66,844,197	164

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2012 to March 31, 2013 (1) (2)

Dollar Range	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000			$155,297	70	$435	1
10,000 - 19,999	$25,961	2	145,553	11		
20,000 - 39,999			299,299	10		
40,000 - 59,999	47,549	1	582,408	12	198,045	4
60,000 - 79,999			736,725	11	68,514	1
80,000 - 99,999	358,997	4	611,309	7	174,681	2
100,000 - 119,999			997,344	9	103,111	1
120,000 - 139,999			1,052,460	8		
140,000 - 159,999	151,629	1	1,466,998	10	300,590	2
160,000 - 179,999	162,732	1	2,385,081	14		
180,000 - 199,999	366,463	2	1,703,873	9	380,818	2
200,000 - 299,999	977,083	4	10,076,796	42	2,002,380	8
300,000 - 399,999	2,060,698	6	10,029,199	29	2,700,247	8
400,000 - 499,999	1,762,831	4	9,421,913	21	1,348,670	3
500,000 - 599,999	4,411,163	8	10,369,618	19	2,709,666	5
600,000 - 699,999	6,656,268	10	7,890,792	12		
700,000 - 799,999	4,400,997	6	3,017,711	4	1,565,545	2
800,000 - 899,999	6,825,585	8	880,954	1	875,542	1
900,000 - 999,999	2,793,917	3				
1,000,000 - 1,999,999	3,584,977	3	4,944,361	4	1,054,564	1
2,000,000 & Over						
Total	$34,586,849	63	$66,767,690	303	$13,482,806	41

Note: This table reflects fee-for-service data only.

Continued

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2012 to March 31, 2013 [1] [2]

Dollar Range	Plastic Surgery		All Psychiatry		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$7,917	2	$17,632	5	$7,397	1
10,000 - 19,999			75,591	5		
20,000 - 39,999	58,038	2	530,003	18		
40,000 - 59,999			787,699	15		
60,000 - 79,999	62,638	1	1,205,979	17		
80,000 - 99,999			1,533,740	17		
100,000 - 119,999	108,374	1	1,673,569	15		
120,000 - 139,999			1,915,523	15		
140,000 - 159,999			3,049,924	20		
160,000 - 179,999			3,558,678	21	342,603	2
180,000 - 199,999	194,148	1	3,062,983	16		
200,000 - 299,999	1,719,965	7	21,020,247	84	227,294	1
300,000 - 399,999	3,078,405	9	28,246,141	81	1,833,095	5
400,000 - 499,999	5,490,040	12	25,600,043	58	3,593,718	8
500,000 - 599,999	4,271,299	8	20,201,034	37	4,373,365	8
600,000 - 699,999	3,252,345	5	7,814,024	12	4,327,274	7
700,000 - 799,999	797,524	1	4,690,413	6	2,993,423	4
800,000 - 899,999	847,225	1	3,344,747	4	4,204,117	5
900,000 - 999,999	1,868,490	2			3,763,299	4
1,000,000 - 1,999,999	2,123,233	2	4,576,784	4	2,922,223	2
2,000,000 & Over						
Total	$23,879,641	54	$132,904,755	450	$28,587,807	47

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2012 to March 31, 2013 (1) (2)

Dollar Range	Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$10,565	7	$69,147	21
10,000 - 19,999			36,990	2
20,000 - 39,999			381,851	13
40,000 - 59,999			94,844	2
60,000 - 79,999			412,235	6
80,000 - 99,999				
100,000 - 119,999	110,510	1	532,017	5
120,000 - 139,999	127,813	1	524,342	4
140,000 - 159,999			580,722	4
160,000 - 179,999			1,394,446	8
180,000 - 199,999			381,067	2
200,000 - 299,999			7,696,892	31
300,000 - 399,999			5,607,273	16
400,000 - 499,999	404,801	1	5,911,424	13
500,000 - 599,999			10,931,015	20
600,000 - 699,999			17,917,923	28
700,000 - 799,999			16,425,810	22
800,000 - 899,999			11,957,347	14
900,000 - 999,999			14,222,966	15
1,000,000 - 1,999,999			128,873,590	86
2,000,000 & Over	7,377,396	2	70,056,949	26
Total	$8,031,084	12	$294,008,851	338

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.

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Table 2.12
Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2012 to March 31, 2013 [1]

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians [2]	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Laboratory) [3]	7,028	6,164.9	33.5	49.0	$370,221	660
All Specialists (except GP/FPs & Laboratory)	2,927	2,453.5	31.9	51.0	470,961	1,658
Physicians by Specialty						
Anaesthesiology	396	340.1	33.6	49.0	408,908	11,963
Cardiovascular and Thoracic Surgery	25	19.5	32.0	52.0	756,967	208,136
Dermatology	47	44.8	36.2	44.7	781,977	90,861
Emergency Medicine	118	104.3	33.9	49.2	308,826	39,016
General/Family Physicians (GP/FPs)	4,101	3,606.8	34.3	47.7	312,426	1,128
- General/Family Physicians	3,842	3,374.7	34.3	47.9	310,094	1,205
- Full-Time Emergency Room Physicians	226	210.3	34.5	46.0	346,599	19,343
- Mental Health Generalists	18	16.2	33.3	38.9	391,046	251,861
- Other General Practice Physicians [4]	15	14.1	33.3	46.7	84,380	288,340
General Surgery	195	160.2	32.8	49.2	534,723	25,392
- General Surgery designated specialty	177	144.4	32.8	50.3	539,165	28,171
- Other General Surgery	18	15.8	33.3	38.9	493,957	257,348
Internal Medicine	642	482.2	29.0	55.5	543,931	8,437
- Internal Medicine designated specialty	308	219.7	27.3	57.8	472,006	18,513
- Cardiology	81	70.2	33.3	48.1	834,324	57,988
- Gastroenterology	59	42.2	27.1	59.3	607,268	96,457
- Infectious Diseases	20	16.1	30.0	55.0	129,514	252,283
- Other Internal Medicine	174	133.0	30.5	53.4	543,684	30,583
Neurology	52	33.2	23.1	63.5	406,352	122,600
Neurosurgery	21	8.9	9.5	76.2	103,297	457,255
Obstetrics-Gynaecology	193	167.8	33.2	48.7	541,840	24,247
Ophthalmology	116	108.1	36.2	44.8	1,056,256	37,638
Orthopaedic Surgery	164	126.3	32.3	51.2	529,054	32,198
Otolaryngology	63	52.5	31.7	49.2	658,795	77,487
Paediatrics	303	220.0	27.4	56.1	303,453	18,489
Physical Medicine and Rehabilitation	41	39.1	34.1	43.9	345,125	104,132
Plastic Surgery	54	50.0	37.0	42.6	478,020	81,434
Psychiatry	450	408.9	36.2	45.1	325,062	9,950
Urology	47	46.9	38.3	40.4	609,979	86,800

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternative Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Full-Time Equivalent methodology is as follows:

Definition of a Full-Time Equivalent Physician: The definition is based on the methodology developed in 1984 by Health Canada.

Step 1 - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those physicians with claims in all four quarters of the fiscal year.

Step 2 - Count all physicians with payments within the lower and upper benchmark as one full-time equivalent.

- Count all physicians with payments below the lower benchmark as a fraction of a full-time equivalent equal to the ratio of his/her payments to the lower benchmark.
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one full-time equivalent plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.
- Since the benchmarks for the calculations of full-time equivalents in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the full-time equivalents in this table should not be compared with those released in previous versions of the Statistical Supplement.

(3) Laboratory physicians (12 Pathology and 338 Radiology physicians) and 3 Endocrinology/Methabolism physicians are excluded.

(4) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2012 to March 31, 2013 (1) (2)

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days
			Major	Other	
Total: All Physicians	$2,584,944,346	$264,877,709	$224,921,174	$804,422,900	$71,653,272
Subtotal					
All Physicians (except Pathology)	2,576,913,262	264,566,210	224,921,174	804,405,634	71,653,272
All Specialists (except GP/FPs & Pathology)	1,450,048,488	238,696,250	42,714,117	144,226,911	34,811,490
Anaesthesiology	139,051,573	5,296,372	50,387	12,425,103	86,014
Cardiovascular and Thoracic Surgery	14,795,047	1,340,973	12,252	704,490	585,253
Dermatology	35,010,961	8,585,349	2,484,840	4,662,410	34,334
Emergency Medicine	32,200,195	2,026,736	261,657	20,679,306	1,112
General/Family Physicians (GP/FPs)	1,126,864,773	25,869,960	182,207,057	660,178,723	36,841,783
- General/Family Physicians	1,046,465,757	22,335,230	181,438,452	608,218,289	36,809,391
- Full-Time Emergency Room Physicians	72,892,351	3,179,724	547,378	50,706,207	7,735
- Mental Health Generalists	6,316,182	290,811	172,409	558,762	23,354
- Other General Practice Physicians (3)	1,190,484	64,195	48,817	695,464	1,303
General Surgery	85,666,590	24,140,737	120,982	6,491,892	2,149,703
- General Surgery designated specialty	77,858,313	22,348,000	111,419	5,735,683	2,043,694
- Other General Surgery	7,808,277	1,792,737	9,563	756,209	106,009
Internal Medicine	262,786,502	83,506,879	4,964,908	28,892,466	25,542,561
- Internal Medicine designated specialty	103,721,461	45,401,855	2,768,802	15,629,889	18,472,471
- Cardiology	58,531,144	13,283,072	512,790	2,897,330	2,080,454
- Endocrinology/Metabolism	513,855			94	
- Gastroenterology	25,611,452	10,597,741	255,246	1,798,009	738,172
- Infectious Diseases	2,088,409	1,357,288	48,309	503,775	129,128
- Other Internal Medicine	72,320,181	12,866,924	1,379,761	8,063,369	4,122,337
Neurology	13,483,408	9,108,911	262,505	1,120,812	516,061
Neurosurgery	919,004	86,408	482	85,534	5,273
Obstetrics-Gynaecology	90,907,036	15,087,730	2,369,446	18,159,423	948,949
Ophthalmology	114,165,576	10,450,856	13,513,057	7,862,935	4,642
Orthopaedic Surgery	66,844,197	13,700,385	404,105	5,590,355	368,751
Otolaryngology	34,586,849	7,348,899	287,701	2,032,863	36,007
Paediatrics	66,767,690	19,385,930	14,260,114	24,322,870	3,324,642
Physical Medicine and Rehabilitation	13,482,806	4,709,749	45,379	2,877,154	1,071,624
Plastic Surgery	23,879,641	3,032,860	722,072	2,013,651	8,824
Psychiatry designated specialty	132,904,755	22,103,804	2,519,937	3,018,283	882
Urology	28,587,807	7,350,249	403,199	2,659,371	126,418
Laboratory Specialists	302,039,935	1,744,923	31,095	645,259	440
- Pathology	8,031,084	311,500		17,266	
- Radiology	294,008,851	1,433,423	31,095	627,992	440

Note: This table reflects fee-for-service data only.

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Continued...

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2012 to March 31, 2013 [1][2]

Physicians by Specialty	Special Calls	Psychotherapy/ Counselling	Major Surgery	Minor Surgery
Total: All Physicians	$37,170,419	$153,241,208	$310,598,388	$23,743,929
Subtotal				
All Physicians (except Pathology)	37,170,419	153,241,208	310,598,388	23,743,929
All Specialists (except GP/FPs & Pathology)	1,896,081	92,240,961	283,842,274	10,177,818
Anaesthesiology	8,676	863,174	79,442,118	1,969,826
Cardiovascular and Thoracic Surgery	285	1,107	11,506,127	13,631
Dermatology	1,684	208	7,734,127	1,946,864
Emergency Medicine	38,034	485,745	522,295	644,006
General/Family Physicians (GP/FPs)	35,274,338	61,000,246	26,756,114	13,566,112
- General/Family Physicians	35,123,018	55,316,491	25,456,763	11,483,886
- Full-Time Emergency Room Physicians	144,099	943,049	1,299,056	2,078,086
- Mental Health Generalists	3,312	4,382,633		145
- Other General Practice Physicians [3]	3,909	358,074	296	3,994
General Surgery	82,420	37,339	37,395,136	1,221,847
- General Surgery designated specialty	80,523	37,339	32,839,814	1,195,473
- Other General Surgery	1,897		4,555,322	26,375
Internal Medicine	350,437	147,520	7,720,220	310,887
- Internal Medicine designated specialty	252,168	100,972	509,004	247,257
- Cardiology	43,333	92	6,300,667	
- Endocrinology/Metabolism				
- Gastroenterology	7,321	1,789	19,220	40,494
- Infectious Diseases	4,342			1,703
- Other Internal Medicine	43,274	44,666	891,329	21,433
Neurology	3,246	8,192	37,454	
Neurosurgery	94	523	550,330	
Obstetrics-Gynaecology	1,091,217	63,156	11,834,391	32,558
Ophthalmology	197,351		36,916,093	317,290
Orthopaedic Surgery	20,227	38,376	45,775,843	166,760
Otolaryngology	14,863	7,196	10,461,964	2,551,948
Paediatrics	64,337	1,273,894	138,263	121,633
Physical Medicine and Rehabilitation	187	857,649	2,684	984
Plastic Surgery	3,231		17,011,213	820,002
Psychiatry designated specialty	2,570	88,423,753		101
Urology	17,223	32,935	12,623,878	20,938
Laboratory Specialists		194	4,170,137	38,543
- Pathology				
- Radiology		194	4,170,137	38,543

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.
(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2012 to March 31, 2013 (1)(2)

Physicians by Specialty	Surgical Assistance	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology	Laboratory Services
Total: All Physicians	$359	$29,681,638	$46,170,292	$276,558,934	$44,493,507
Subtotal					
All Physicians (except Pathology)	359	29,681,638	46,170,292	276,558,934	44,493,507
All Specialists (except GP/FPs & Pathology)		24,413,737	29,354,008	276,171,088	44,493,352
Anaesthesiology		17,962,049	5,236,376	1,991,687	
Cardiovascular and Thoracic Surgery		63,940		264	
Dermatology		138,605			
Emergency Medicine		3,253	1,442		
General/Family Physicians (GP/FPs)	359	5,267,901	16,816,284	387,846	155
- General/Family Physicians	359	5,257,481	16,808,413	387,846	155
- Full-Time Emergency Room Physicians		10,421	7,872		
- Mental Health Generalists					
- Other General Practice Physicians (3)					
General Surgery		31,647	27,099	450	
- General Surgery designated specialty		29,148	27,099	450	
- Other General Surgery		2,499			
Internal Medicine		38,350	32,463	12,866,667	5,989,216
- Internal Medicine designated specialty		518	14	494,001	7,550
- Cardiology				12,371,683	5,468,473
- Endocrinology/Metabolism				491	513,193
- Gastroenterology		113			
- Infectious Diseases					
- Other Internal Medicine		37,718	32,449	492	
Neurology		302,864			
Neurosurgery		59,126		123,955	
Obstetrics-Gynaecology		36,928	23,968,645	9,452,776	
Ophthalmology		294		14,397,768	
Orthopaedic Surgery		40,329	2,489	13	
Otolaryngology		85,810	1,307		
Paediatrics		1,340	80,940	742,355	93
Physical Medicine and Rehabilitation		925,039		1,084,318	
Plastic Surgery		3,483	636		
Psychiatry designated specialty					
Urology		258,822	2,468		
Laboratory Specialists		4,461,860	143	235,510,836	38,504,043
- Pathology					
- Radiology		4,461,860	143	235,510,836	38,504,043

Note: This table reflects fee-for-service data only.

Continued...

(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.
(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2012 to March 31, 2013 [1] [2]

Physicians by Specialty	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	$238,294,689	$14,700,338	$44,415,587
Subtotal			
All Physicians (except Pathology)	230,597,118	14,695,590	44,415,587
All Specialists (except GP/FPs & Pathology)	194,979,107	2,000,386	30,030,909
Anaesthesiology	10,941,335	27,164	2,751,293
Cardiovascular and Thoracic Surgery	454,720		112,005
Dermatology	9,073,784	5,611	343,144
Emergency Medicine	6,710,799	270	825,539
General/Family Physicians (GP/FPs)	35,618,012	12,695,204	14,384,679
- General/Family Physicians	23,068,548	12,678,500	12,082,936
- Full-Time Emergency Room Physicians	12,542,748	3,638	1,422,339
- Mental Health Generalists	4,316	2,230	878,211
- Other General Practice Physicians [3]	2,400	10,837	1,193
General Surgery	13,171,610	8,252	787,477
- General Surgery designated specialty	12,668,235	7,750	733,686
- Other General Surgery	503,375	502	53,791
Internal Medicine	85,208,401	22,931	7,192,596
- Internal Medicine designated specialty	18,411,673	13,082	1,412,206
- Cardiology	14,920,447	268	652,536
- Endocrinology/Metabolism	77		
- Gastroenterology	11,948,585	246	204,514
- Infectious Diseases	34,668	5,503	3,693
- Other Internal Medicine	39,892,951	3,833	4,919,646
Neurology	2,019,053	48,413	55,899
Neurosurgery	6,858		422
Obstetrics-Gynaecology	6,109,408	1,644,844	107,564
Ophthalmology	30,424,814	103	80,373
Orthopaedic Surgery	527,171	19,919	189,474
Otolaryngology	11,656,251	1,347	100,694
Paediatrics	2,396,904	46,850	607,526
Physical Medicine and Rehabilitation	1,627,274	172,603	108,161
Plastic Surgery	201,261	88	62,321
Psychiatry designated specialty	693,604	340	16,141,481
Urology	4,639,372	31	452,902
Laboratory Specialists	16,814,057	6,369	112,038
- Pathology	7,697,570	4,748	
- Radiology	9,116,487	1,621	112,038

Note: This table reflects fee-for-service data only.
(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.
(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

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Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2012 to March 31, 2013 [1] [2]

Service Type	Age & Gender	All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	650	$70,728	893	$130,107	317	$35,456
	M	530	59,588	1,045	149,459	411	45,079
Major Assessment	F	579	62,632	1,731	184,638	606	62,973
	M	435	48,069	1,751	187,080	634	66,428
Other Assessment	F	4,479	234,464	3,701	238,493	3,041	167,892
	M	3,044	161,632	4,049	264,748	3,322	186,654
Hospital Care Days	F	393	18,410	494	28,529	90	5,961
	M	334	16,830	598	35,576	88	5,963
Special Calls	F	34	11,235	2	7,632	3	7,797
	M	17	7,075	2	8,713	4	8,845
Psychotherapy/Counselling	F	990	43,204	15	853	25	1,317
	M	738	32,227	12	713	46	2,383
Major Surgery	F	952	78,275	325	31,096	210	16,270
	M	865	74,458	524	45,253	363	30,079
Minor Surgery	F	88	5,115	49	3,043	75	4,923
	M	109	6,546	73	4,505	115	7,346
Surgical Assistance	F						
	M		--				
Anaesthesiology	F	420	11,947	54	1,394	202	4,052
	M	65	2,723	58	1,472	234	4,687
Obstetrical Services	F	176	22,892	68	6,996		
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,034	99,036	73	10,164	69	6,092
	M	471	37,449	83	11,716	83	7,024
Laboratory Services	F	68	14,397			--	9
	M	26	7,536			--	6
Other Diagnostic & Therapeutic Services	F	1,679	59,515	563	32,057	558	10,739
	M	1,479	57,655	728	42,772	753	14,305
Special Services [3]	F	331	6,472	2	19	11	145
	M	73	803	2	26	13	197
Miscellaneous Services [4]	F	245	11,111	84	3,646	58	2,566
	M	221	10,728	122	5,303	69	3,027
Total	F	12,117	$749,384	8,055	$678,667	5,265	$326,192
	M	8,406	$523,369	9,047	$757,335	6,135	$382,021

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.
(2) -- equals a non-zero value; actual value too small to be shown.
(3) Special Services include injections, immunizations, pap smears, insertion of IUD.
(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

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Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2012 to March 31, 2013 [1][2]

Service Type	Age & Gender	5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	261	$26,193	426	$41,345	618	$63,296
	M	347	34,411	292	28,620	317	34,199
Major Assessment	F	303	30,976	370	37,976	505	52,681
	M	319	32,838	204	20,503	245	25,865
Other Assessment	F	1,858	94,201	3,414	187,914	4,543	246,056
	M	1,883	99,933	1,699	95,133	2,090	110,479
Hospital Care Days	F	26	1,714	92	4,284	147	6,643
	M	26	1,793	53	2,752	83	4,328
Special Calls	F	3	4,201	3	10,049	4	9,357
	M	3	4,406	2	5,336	3	3,970
Psychotherapy/Counselling	F	220	10,164	883	39,240	1,102	46,854
	M	380	18,161	772	34,698	798	34,019
Major Surgery	F	215	14,261	410	27,415	716	50,632
	M	272	18,088	465	32,260	511	40,188
Minor Surgery	F	84	4,829	73	4,183	75	4,286
	M	104	6,360	109	6,713	97	5,752
Surgical Assistance	F						
	M					--	1
Anaesthesiology	F	112	2,199	544	12,862	914	22,849
	M	133	2,599	24	633	23	1,197
Obstetrical Services	F	--	24	225	30,251	473	61,184
	M						
Diagnostic & Therapeutic Services, Radiology	F	123	9,037	464	47,147	1,050	114,172
	M	119	8,197	194	12,851	308	24,286
Laboratory Services	F	1	367	7	1,822	15	4,010
	M	1	202	4	1,190	9	2,712
Other Diagnostic & Therapeutic Services	F	821	10,918	918	21,388	1,263	37,686
	M	1,009	12,899	615	17,052	816	26,549
Special Services [3]	F	16	218	235	5,319	435	9,762
	M	17	247	22	251	40	446
Miscellaneous Services [4]	F	85	3,856	212	10,305	154	7,222
	M	118	5,328	209	10,058	160	7,641
Total	F	4,130	$213,159	8,274	$481,501	12,012	$736,691
	M	4,732	$245,460	4,664	$268,051	5,499	$321,630

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

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Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2012 to March 31, 2013 [1] [2]

Service Type \ Age & Gender		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	750	$83,942	1,130	$130,344	1,416	$163,264
	M	640	74,011	1,212	142,494	1,727	201,082
Major Assessment	F	631	69,315	883	101,294	1,175	137,377
	M	480	55,245	854	101,197	1,361	155,850
Other Assessment	F	4,529	228,953	6,459	326,211	11,076	552,892
	M	3,457	180,135	5,968	307,891	10,349	543,914
Hospital Care Days	F	279	13,996	902	43,887	3,364	149,444
	M	317	16,673	1,033	52,167	3,377	158,342
Special Calls	F	10	5,790	38	10,964	470	67,637
	M	10	5,428	34	11,403	263	45,287
Psychotherapy/Counselling	F	1,466	64,123	1,159	52,270	1,006	44,981
	M	938	40,437	828	36,736	994	43,449
Major Surgery	F	1,357	111,861	2,306	217,196	2,474	236,324
	M	1,144	100,182	2,551	238,578	3,072	297,302
Minor Surgery	F	101	5,829	116	6,920	122	7,686
	M	110	6,502	135	8,119	163	10,101
Surgical Assistance	F						
	M						
Anaesthesiology	F	108	6,400	136	9,342	130	9,032
	M	55	3,620	99	6,635	101	7,605
Obstetrical Services	F	3	257	--	24	--	12
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,483	138,912	2,053	177,214	2,085	161,098
	M	677	56,045	1,297	105,130	1,732	132,695
Laboratory Services	F	135	27,820	261	53,368	185	40,275
	M	40	12,376	113	31,396	115	32,314
Other Diagnostic & Therapeutic Services	F	2,179	83,141	3,671	155,107	4,227	202,280
	M	1,928	83,235	3,951	185,746	5,336	265,487
Special Services [3]	F	451	8,171	447	6,576	342	3,908
	M	105	1,140	220	2,348	340	3,541
Miscellaneous Services [4]	F	233	11,136	403	19,388	1,227	49,177
	M	211	10,891	399	20,834	1,068	48,252
Total	F	13,714	$859,645	19,964	$1,310,103	29,299	$1,825,385
	M	10,111	$645,922	18,695	$1,250,671	29,998	$1,945,221

Note: This table reflects fee-for-service data only.
(1) A blank cell represents a zero value.
(2) -- equals a non-zero value; actual value too small to be shown.
(3) Special Services include injections, immunizations, pap smears, insertion of IUD.
(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

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Table 2.15
Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for April 1, 2008 to March 31, 2013

Specialty \ Effective Date	April 1, 2008	August 1, 2008	April 1, 2009	April 1, 2010	April 1, 2011 (1)	April 1, 2012 (1)
Anaesthesia	2.5	0.7	4.5	4.1	Nil	Nil
Cardiology	2.5	Nil	2.0	2.4	Nil	Nil
Cardiovascular and Thoracic Surgery	2.5	Nil	2.1	2.1	Nil	Nil
Critical Care Medicine	2.5	Nil	4.2	3.5	Nil	Nil
Dermatology	2.5	Nil	2.0	2.4	Nil	Nil
Radiology	2.5	Nil	2.0	2.5	Nil	Nil
Emergency Medicine	2.5	1.0	4.6	4.8	Nil	Nil
Endocrinology/Metabolism	2.5	2.7	4.2	6.2	Nil	Nil
Gastroenterology	2.5	0.6	2.6	3.2	Nil	Nil
General Practice	2.5	4.1	7.0	5.6	Nil	Nil
General Surgery	2.5	1.9	4.2	3.4	Nil	Nil
Mental Health Generalists	2.5	4.5	7.4	4.6	Nil	Nil
Infectious Diseases	2.5	3.5	4.8	8.4	Nil	Nil
Internal Medicine	2.5	3.9	6.5	4.6	Nil	Nil
Nephrology	2.5	Nil	2.0	2.3	Nil	Nil
Neurology	2.5	3.0	4.4	5.3	Nil	Nil
Neurosurgery	2.5	0.4	2.3	4.8	Nil	Nil
Obstetrics-Gynaecology	2.5	0.4	2.4	3.5	Nil	Nil
Ophthalmology	2.5	Nil	2.0	2.5	Nil	Nil
Orthopaedic Surgery	2.5	0.7	2.9	3.6	Nil	Nil
Otolaryngology	2.5	Nil	2.0	2.9	Nil	Nil
Paediatrics	2.5	6.1	7.3	6.2	Nil	Nil
Pathology	2.5	2.0	3.6	2.0	Nil	Nil
Physical Medicine and Rehabilitation	2.5	3.5	4.8	8.5	Nil	Nil
Plastic Surgery	2.5	0.6	2.6	4.4	Nil	Nil
Psychiatry	2.5	3.2	5.0	4.9	Nil	Nil
Respiratory Medicine	2.5	0.3	2.4	3.4	Nil	Nil
Rheumatology	2.5	2.4	3.9	7.3	Nil	Nil
Urology	2.5	0.1	2.1	3.2	Nil	Nil
Vascular Surgery	2.5	1.1	3.7	3.3	Nil	Nil
All Physicians	2.5%	2.4%	5.0%	4.5%	Nil	Nil

(1) A new bi-lateral agreement between Alberta Health and the Alberta Medical Association was ratified May 30, 2013. The agreement is retro-active to April 1, 2011 and data will be available for 2011 and 2012 at the end of next fiscal year.

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Table 2.16
Basic Health Services:
Percentage Changes to Rates in the Schedules of Benefits
for April 1, 2008 to March 31, 2013

Type of Practitioner / Effective Date	Medical	Dentists/Dental Specialists/Oral Surgeons	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)
April 1, 2008	2.5	Nil	5.0	Nil
August 1, 2008	2.4	Nil	Nil	Nil
April 1, 2009	5.0	Nil	5.0	Nil
April 1, 2010	4.5	Nil	4.5	Nil
October 1, 2010	Nil	10.2	Nil	9.7
April 1, 2011	Nil	Nil	Nil	Nil
April 1, 2012	Nil	Nil	Nil	Nil

(1) A new bi-lateral agreement between Alberta Health and the Alberta Medical Association was ratified May 30, 2013. The agreement is retro-active to April 1, 2011 and data will be available for 2011 and 2012 at the end of next fiscal year.

Alternative Relationship Plans

The 2003 *Tri-Lateral Master Agreement* between Health and Wellness, Alberta Health Services, and the Alberta Medical Association was in effect until March 31, 2011. The new bi-lateral agreement between Alberta Health and the Alberta Medical Association, (ratified May 30, 2013) is retroactively effective from April 1, 2011 to March 31, 2018. Innovative health delivery models are funded using agreements known as Alternative Relationship Plans.

The purpose of Alternative Relationship Plans is to provide physician funding models other than fee-for-service that promote innovation in clinical service delivery, improved patient care, and/or enhance practitioner satisfaction. The intent of the Alternative Relationship Plans is to advance the following:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

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Model Type Definitions

Clinical Alternative Relationship Plans

At present, there are 47 Clinical Alternative Relationship Plans that use three working models for funding physician services, which are:

- Capitation Alternative Relationship Plan – This model is used in two Alternative Relationship Plans for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per patient, per annum within a defined basket of insured health service codes.
- Annualized Alternative Relationship Plan – This model is used in 29 Alternative Relationship Plans for specialized health service delivery to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- Sessional Alternative Relationship Plan – This model is used in 16 Alternative Relationship Plans for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of insured health services within an organized program to a defined patient group.

Academic Alternative Relationship Plans

Academic Alternative Relationship Plans are funding arrangements that provide alternate compensation under a contractual model for clinical practice and conditional grant funding to compensate physicians for their teaching, administrative and research roles. These agreements have been successful in:

- attracting and retaining needed specialists to the province,
- supporting innovative clinical practice, and
- enhancing the quality of Alberta's medical education and research.

Ten Academic Alternative Relationship Plans have been implemented in Alberta. Academic Alternative Relationship Plans involve the following: the Universities and Faculties of Medicine, the participating physicians, Alberta Health, Alberta Health Services, the Alberta Medical Association, other funding bodies, and related ministries such as Enterprise and Advanced Education.

Table 2.17
Alternative Relationship Plans (ARP) Summary by Type
For the Service Year April 1, 2012 to March 31, 2013

	General Practitioners	Specialists	Expenditures [1]
Clinical ARPs	845	202	117,090,625
Academic ARPs	87	741	169,191,991
Total [2]	932	943	$286,282,615
Total ARP Physicians	1,875		

(1) Expenditures for the 2012-2013 Fiscal Year as of September 30, 2013 and payments associated with the Clinical Stabilization Initiative are not included.

(2) Physician count is not discrete between Clinical and Academic Alternative Relationship Plans.

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Out-of-Country Health Coverage

Alberta Health provides two sources of funding for Albertans who wish to receive insured medical treatment outside Canada: application through the Alberta Health Care Insurance Plan (AHCIP) or through the Out-of-Country Health Services Committee.

The AHCIP provides only limited physician and hospital costs outside of Canada.

Insured physician services received outside Canada are paid at the lesser of the amount claimed or the rate an Alberta physician or dentist would be paid for that service. The rate for in-patient hospital services is $100 (Canadian) per day. The outpatient rate is $50 (Canadian) per day.

As of July 1, 2006 coverage for out-of-province and out-of-country podiatric, chiropractic and optometric services was discontinued.

The Out-of-Country Health Services Committee considers applications for funding of insured medical, oral surgical and/or hospital services that are not available in Canada.

The Out-of-Country Health Services Comittee is independent, and operates at arm's length from Alberta Health. On August 1, 2011, the *Out-of-Country Health Services Regulation* was amended, based on recommendations from the Alberta Ombudsman. Applications to this committee can only be made by an Alberta physician or dentist on an Albertan's behalf.

Committee decisions can be appealed in writing to the Out-of-Country Health Services Appeal Panel which also operates at arm's length from Alberta Health. The Albertan or applying physician/dentist may register an appeal.

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Table 2.18
Out-of-Country Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Years Ended March 31, 2011 and 2012 [1] [2]

Practitioner Type	Total Out-of-Country					
	Number of Services		Number of Discrete Patients		Payments	
	2010/2011	2011/2012	2010/2011	2011/2012	2010/2011	2011/2012
Physicians [3]	39,574	42,643	13,749	14,488	$2,354,094	$2,573,169
Dentists/Dental Specialists/Oral Surgeons	19	6	9	4	4,221	5,950
Total	39,593	42,649	13,753	14,488	$2,358,315	$2,579,119

Practitioner Type	United States					
	Number of Services		Number of Discrete Patients		Payments	
	2010/2011	2011/2012	2010/2011	2011/2012	2010/2011	2011/2012
Physicians [3]	25,860	28,734	8,156	8,852	$1,645,800	$1,819,371
Dentists/Dental Specialists/Oral Surgeons	8	6	5	4	1,493	5,950
Total	25,868	28,740	8,158	8,852	$1,647,293	$1,825,321

Practitioner Type	Out-of-Country (except United States)					
	Number of Services		Number of Discrete Patients		Payments	
	2010/2011	2011/2012	2010/2011	2011/2012	2010/2011	2011/2012
Physicians [3]	13,714	13,909	5,653	5,714	$708,294	$753,798
Dentists/Dental Specialists/Oral Surgeons	11		4		2,728	
Total	13,725	13,909	5,655	5,714	$711,021	$753,798

Note: This table reflects fee-for-service data only.
(1) A blank cell represents a zero value.
(2) Number of Discrete Patients is a discrete overall patient count and not a sum.
(3) Does not include physician services which were paid under the Out-of-Country Health Services Program.

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Table 2.19
Out-of-Country Health Services Program:
Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel
for the Service Years Ended March 31, 2009 to March 31, 2013

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Reviewed	130	94	125	123	81
Approved	77	43	78	67.5	37
Approved on Appeal	2.0	4	8.5	9.0	8.5
Deferred (1)				1.5	1.5
Denied	51.0	47	38.5	45.0	34

Note: Applications listed as .5 are where a portion of the application is approved and a portion is denied.

(1) Effective April 1, 2011, row added to reflect applications for which the Out-of-Country Health Services Committee requires further medical information from the applicant.

Table 2.20
Out-of-Country Health Services Program:
Payments Made for Approved Applications by
Out-of-Country Health Services Committee/Appeal Panel
for the Service Years Ended March 31, 2009 to March 31, 2013

Amount Paid ($)	Type of Service				
	Required services not available in Alberta				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Medical Services	$1,461,543	$785,605	$867,574	$1,559,566	$1,215,554
Hospital Services	2,264,340	2,945,522	2,716,470	2,783,198	2,698,065
Total	$3,725,883	$3,731,127	$3,584,044	$4,342,764	$3,913,619

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Primary Care Networks

Primary Care Networks are formed through formal arrangements between groups of primary care physicians and Alberta Health Services. Primary Care Networks are organized to deliver a wide range of primary health care services. They have the flexibility to design local programs that meet the needs of patients in the community, while working within the provincial framework.

Primary Care is defined as the first point of contact with the health system, where health services are mobilized and coordinated to promote health, prevent and care for illness, and manage ongoing problems.

The goals of Primary Care Networks are to:

- improve access to primary care services for more Albertans,
- manage access to appropriate round-the-clock primary care services,
- increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses,
- improve coordination and integration of primary care services with hospital, long-term and specialty care, and
- foster a multi-disciplinary team approach to providing primary care.

The first Primary Care Network to launch in Alberta was Edmonton Southside Primary Care Network on May 1, 2005. As of March 31, 2013, there are 40 Primary Care Networks operating in the province .

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Table 2.21
Primary Care Networks (PCNs):
Distribution by Health Zone, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2012 to March 31, 2013

Primary Care Network	AHS Zone	Number of Primary Care Providers[1]	Number of Patients Enrolled[2]	Total Payments to the Primary Care Network[3]
Chinook	South Zone (Zone 1)	135	154,655	$9,447,126
Palliser	South Zone (Zone 1)	81	93,527	$5,731,714
Bow Valley	Calgary Zone (Zone 2)	41	25,815	$1,575,668
Calgary Foothills	Calgary Zone (Zone 2)	349	356,297	$21,958,137
Calgary Rural	Calgary Zone (Zone 2)	131	103,445	$6,522,121
Calgary West Central	Calgary Zone (Zone 2)	350	301,894	$18,663,054
Highland	Calgary Zone (Zone 2)	48	54,302	$3,310,552
Mosaic	Calgary Zone (Zone 2)	160	214,993	$12,326,344
South Calgary	Calgary Zone (Zone 2)	146	139,303	$8,507,361
Big Country	Central Zone (Zone 3)	46	36,418	$2,260,086
Camrose	Central Zone (Zone 3)	32	28,471	$1,613,581
Kalyna Country	Central Zone (Zone 3)	11	10,471	$659,401
Lloydminster	Central Zone (Zone 3)	18	16,920	$1,047,583
Provost	Central Zone (Zone 3)	6	4,575	$284,518
Red Deer	Central Zone (Zone 3)	84	112,642	$6,979,929
Rocky Mountain House	Central Zone (Zone 3)	18	14,941	$917,011
Vermilion	Central Zone (Zone 3)	6	6,959	$416,764
Wainwright	Central Zone (Zone 3)	9	8,859	$535,463
Wetaskiwin	Central Zone (Zone 3)	30	26,767	$1,637,947
Wolf Creek	Central Zone (Zone 3)	49	56,298	$3,482,168
Alberta Heartland	Edmonton Zone (Zone 4)	36	45,666	$2,815,792
Edmonton North	Edmonton Zone (Zone 4)	170	155,675	$9,449,544
Edmonton Oliver	Edmonton Zone (Zone 4)	116	93,486	$5,499,958
Edmonton Southside	Edmonton Zone (Zone 4)	175	181,171	$10,915,627
Edmonton West	Edmonton Zone (Zone 4)	138	130,320	$7,942,510
Leduc/Beaumont/Devon	Edmonton Zone (Zone 4)	55	57,780	$3,558,645
St. Albert & Sturgeon	Edmonton Zone (Zone 4)	74	80,577	$4,989,977
Sherwood Park-Strathcona County	Edmonton Zone (Zone 4)	82	88,023	$5,398,712
WestView	Edmonton Zone (Zone 4)	88	74,524	$4,590,294
Athabasca	North Zone (Zone 5)	26	23,459	$1,433,843
Bonnyville	North Zone (Zone 5)	24	13,264	$815,796
Cold Lake	North Zone (Zone 5)	14	15,492	$939,269
Grande Prairie	North Zone (Zone 5)	44	59,797	$3,617,452
McLeod River	North Zone (Zone 5)	41	33,772	$2,055,579
Northwest	North Zone (Zone 5)	39	24,026	$1,512,118
Peace River	North Zone (Zone 5)	29	27,879	$1,695,917
Sexsmith/Spirit River	North Zone (Zone 5)	7	9,952	$627,998
St. Paul/Aspen	North Zone (Zone 5)	42	39,099	$2,410,157
West Peace	North Zone (Zone 5)	9	9,805	$608,158
Wood Buffalo	North Zone (Zone 5)	36	61,963	$3,823,819
Total		**2,995**	**2,993,282**	**$182,577,693**

(1) The term Primary Care Physician includes family physicians, general practitioners pediatricians and nurse practitioners. Physicians participating in Primary Care Networks continue to be compensated for insured medical services using either fee-for-service or existing alternate payment arrangements.

(2) Informal enrollment is based on a default method of calculating one patient encounter with a Primary Care Network health service provider at a Primary Care Network service delivery location for services in the past three years. Informal enrolment is based on assignment of discrete patients to Primary Care Networks based on overall volume of care to a single provider.

(3) Primary Care Networks receive a per-capita payment up to $62 per patient, per year.

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Section 3: Regional Data

Summary

As of May 15, 2008, the Alberta Health Services Board became the common governance board responsible for the delivery of health services previously provided by the nine regional health authorities, the Alberta Cancer Board, the Alberta Alcohol and Drug Abuse Commission, and the Alberta Mental Health Board.

Alberta Health Services has divided Alberta into five continuum zones for ease of management of the delivery of health care services. The five health zones are loosely related to the former health regions as follows:

South Zone	(Zone 1):	Chinook Regional Health Authority
		Palliser Health Region
Calgary Zone	(Zone 2):	Calgary Health Region
Central Zone	(Zone 3):	David Thompson Regional Health Authority
		East Central Health
Edmonton Zone	(Zone 4):	Capital Health
North Zone	(Zone 5):	Aspen Regional Health Authority
		Peace Country Health
		Northern Lights Health Region

This section provides practitioner fee-for-service data broken down by the five zones.

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the *Ministry of Health Annual Report 2012-2013*. Performance measures and financial information for 2012-2013 is reported based on the boundaries of the former regions and boards.

Highlights

- A total of 38.91% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 37.99% for services received in Calgary Zone (Zone 2) and the balance, 23.10%, for services received in the other three zones.
- In Alberta, 89.46% of payments for services received by patients were provided in the health zone where the patient resides.

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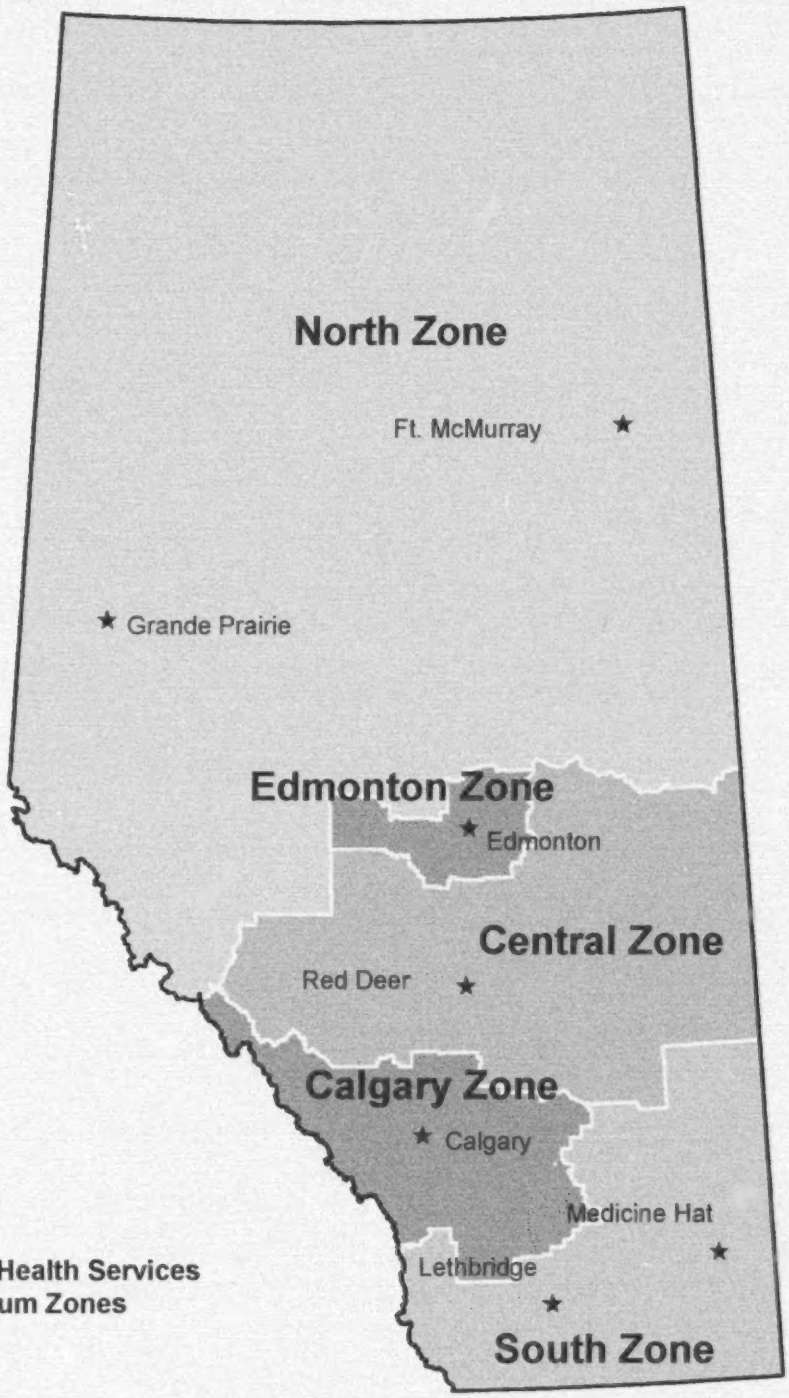

Alberta Health Services Continuum Zones

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Explanatory Notes

Number of Practitioners

The figures shown for the number of practitioners in a geographic zone are based on the number of practitioners who received fee-for-service payments for services provided in that particular zone. A practitioner may work in several zones and will have been counted in each zone where he/she provided services.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Health Boundary Changes

Health boundaries are subject to change; therefore, year-over-year comparisons by zones should be interpreted with caution. The map on continuum health zones shows the current five continuum zones that were put in place on May 15, 2008.

Service Location and Recipient Location

Data in this section are provided on a service location basis. Patients from rural and remote zones often travel to larger urban centres in other zones to receive services. This has an effect on statistics for health services and payments for both zones involved. This is illustrated in Table 3.2, which shows payments to physicians based on both service location and recipient location. Recipient location data are for the geographic zone where the patient lived on the date of service.

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Table 3.1
Distribution of Population Covered by Alberta Health Services Geographic Zone Service Location as at March 31, 2013 (1)

Zone Service Location	Registered Population		
	Total	Male	Female
South	301,616	151,281	150,335
Calgary	1,529,183	767,691	761,492
Central	476,250	239,703	236,547
Edmonton	1,279,012	643,140	635,872
North	481,603	249,153	232,450
Unknown	398	208	190
Total	**4,068,062**	**2,051,176**	**2,016,886**

(1) The population figures are as at March 31, calculated in July.

Alberta Health Services Geographic Zones to former Health Regions
South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region
Calgary (Zone 2) - Calgary Health Region
Central (Zone 3) - David Thompson Regional Health Authority, East Central Health
Edmonton (Zone 4) - Capital Health
North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.2
Distribution of Payments to Physicians by Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2012 to March 31, 2013 [1]

Zone Service Location	Zone Recipient Location						
	All Zones	South (Zone 1)	Calgary (Zone 2)	Central (Zone 3)	Edmonton (Zone 4)	North (Zone 5)	Unknown Zones
South	$170,885,010	**$161,298,331**	$6,057,030	$1,514,858	$1,053,126	$695,780	$265,885
Calgary	982,101,928	24,953,586	**921,731,960**	22,380,349	7,591,286	4,618,860	825,887
Central	228,291,068	1,582,004	8,402,289	**204,514,232**	9,126,673	4,411,657	254,214
Edmonton	1,005,849,580	3,227,026	11,362,199	57,736,974	**850,979,518**	81,671,369	872,493
North	186,598,791	635,449	1,931,128	2,620,979	7,313,405	**173,911,571**	186,260
Unknown	11,217,968	573,610	1,896,216	6,491,326	1,189,500	988,176	**79,139**
Total	$2,584,944,346	$192,270,006	$951,380,822	$295,258,719	$877,253,509	$266,297,413	$2,483,877

Note: This table reflects fee-for-service data only.
(1) The sums of the payments may not match the totals due to rounding.

Alberta Health Services Geographic Zones to former Health Regions
South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region
Calgary (Zone 2) - Calgary Health Region
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Edmonton (Zone 4) - Capital Health
North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.3
Distribution of Payments by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2012 to March 31, 2013 [1]

Zone Service Location / Diagnostic Chapter (ICD9)	All Zones	South (Zone 1)	Calgary (Zone 2)	Central (Zone 3)	Edmonton (Zone 4)	North (Zone 5)	Unknown (Zones)
Infectious and Parasitic Diseases	$41,482,779	$2,669,605	$16,700,830	$4,096,380	$14,053,093	$3,755,495	$207,376
Neoplasms	91,236,915	6,092,779	37,694,964	6,019,063	36,592,961	4,426,682	410,466
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	81,724,206	6,915,476	26,223,454	7,537,591	33,462,302	7,188,605	396,777
Diseases of Blood and Blood Forming Organs	12,240,884	1,347,622	3,843,174	1,448,914	4,316,052	1,139,253	145,869
Mental Disorders	252,958,683	15,774,256	90,350,596	25,068,212	107,914,514	12,246,495	1,604,610
Diseases of the Nervous System and Sense Organs	176,737,771	11,867,842	75,124,354	11,479,380	67,574,243	10,305,834	386,118
Diseases of the Circulatory System	178,264,508	12,550,754	58,250,360	14,637,226	80,305,693	11,579,684	940,792
Diseases of the Respiratory System	150,560,259	10,472,573	52,716,047	15,483,084	55,601,985	15,499,671	786,898
Diseases of the Digestive System	93,791,862	7,880,413	28,755,556	11,950,987	33,642,759	10,727,909	834,238
Diseases of the Genitourinary System	108,673,934	7,941,113	41,071,206	11,927,417	38,915,594	8,175,302	643,301
Complications of Pregnancy, Childbirth and the Puerperium	73,512,210	4,478,489	30,638,727	7,408,755	22,486,134	7,997,154	502,951
Diseases of the Skin and Subcutaneous Tissue	65,051,696	4,081,986	25,043,898	6,121,620	23,510,046	5,984,299	309,846
Diseases of the Musculosketal System and Connective Tissue	137,146,811	11,580,769	48,910,600	13,061,418	50,865,715	12,271,559	456,751
Congenital Anomalies	8,460,575	278,473	3,614,227	219,226	4,005,997	315,102	27,551
Certain Conditions Originating in the Perinatal Period	9,092,287	1,400,729	2,281,301	1,651,246	2,140,117	1,567,819	51,076
Symptoms, Signs and Ill-Defined Conditions	286,092,970	17,440,392	102,948,275	28,765,271	112,280,719	23,165,965	1,492,347
Injury and Poisoning	133,106,533	8,935,910	44,783,180	14,099,546	51,210,801	13,316,771	760,326
Non-Standard Diagnostic Codes [2]	237,355,990	14,736,190	92,885,670	21,941,768	83,598,627	23,196,635	997,101
Unknown Diagnostic Chapter [3]	447,453,473	24,439,640	200,265,509	25,373,963	183,372,230	13,738,559	263,572
Total	$2,584,944,346	$170,885,010	$982,101,928	$228,291,068	$1,005,849,580	$186,598,791	$11,217,968

Note: This table reflects fee-for-service data only.
(1) Payment totals have been rounded.
(2) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e. V codes: external causes of injury.
(3) Radiologists, pathologists, surgical assistants and anaesthesiologists are not required to provide diagnostic codes when submitting claims to the AHCIP. Claims for these services are included under Unknown Diagnostic Chapter.

Alberta Health Services Geographic Zones to former Health Regions
South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region
Calgary (Zone 2) - Calgary Health Region
Central (Zone 3) - David Thompson Regional Health Authority, East Central Health
Edmonton (Zone 4) - Capital Health
North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.4
Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2012 to March 31, 2013 [1]

Zone Service Location	Total			General/Family Physicians			Specialists [4]		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
South	515	$156,661,181	$304,196	311	$87,891,947	$282,611	204	$68,769,235	$337,104
Calgary	2,718	839,287,745	308,789	1,581	386,508,880	244,471	1,137	452,778,865	398,222
Central	755	211,941,954	280,718	520	140,485,471	270,164	235	71,456,483	304,070
Edmonton	2,456	881,868,475	359,067	1,298	368,388,350	283,812	1,158	513,480,125	443,420
North	650	178,568,732	274,721	479	135,295,304	282,454	171	43,273,428	253,061
Unknown	169	9,712,276	57,469	95	5,419,253	57,045	74	4,293,023	58,014
Alberta [2] [3]	**6,616**	**$2,278,040,362**	**$344,323**	**3,906**	**$1,126,134,595**	**$288,383**	**2,711**	**$1,155,425,085**	**$426,199**

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each zone that were paid $10,000 or more for services provided in the respective zone.

(2) The number of physicians in the Alberta total is the actual number of physicians in the province who were paid $10,000 or more for services provided in Alberta. Physicians included in multiple zones are only counted once in the Alberta totals.

(3) The total amount paid may not match the sum of amounts paid for each zone since physicians may make less than $10,000 within a zone but more than $10,000 in Alberta. Therefore, the payments would not be included in the zone payments but they would be included in the Alberta payments.

(4) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Alberta Health Services Zones to former Health Regions

South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region

Calgary (Zone 2) - Calgary Health Region

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Edmonton (Zone 4) - Capital Health

North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.5
Number of General/Family Physicians by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2012 to March 31, 2013 [(1) (2)]

Payment Range \ Zone Service Location	All Zones	South (Zone 1)	Calgary (Zone 2)	Central (Zone 3)	Edmonton (Zone 4)	North (Zone 5)	Unknown Zones
Less than $10,000	196	134	353	211	341	184	665
10,000 - 19,999	85	22	63	37	40	25	36
20,000 - 39,999	145	28	81	26	47	31	21
40,000 - 59,999	151	10	75	23	55	28	11
60,000 - 79,999	120	9	66	13	41	15	4
80,000 - 99,999	127	8	80	20	44	21	
100,000 - 119,999	145	5	68	22	54	13	11
120,000 - 139,999	168	7	86	23	49	15	3
140,000 - 159,999	165	8	78	15	53	17	1
160,000 - 179,999	155	7	63	14	55	20	3
180,000 - 199,999	171	9	74	12	67	13	1
200,000 - 299,999	831	52	336	84	289	77	3
300,000 - 399,999	731	64	252	105	221	82	1
400,000 - 499,999	458	44	135	70	138	49	
500,000 - 599,999	217	20	63	36	60	35	
600,000 - 699,999	87	7	23	15	20	15	
700,000 - 799,999	65	5	19	2	23	13	
800,000 - 899,999	32	4	11	2	12	3	
900,000 - 999,999	17	2	3		7	3	
1,000,000 & over	35		5	1	23	4	
Total	4,101	445	1934	731	1639	663	760

Note: This table reflects fee-for-service data only.
(1) This report reflects discrete physician counts of physicians within each zone, where the physician payment was greater than zero within the zone. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple zones and will be double counted.
(2) A blank cell represents a zero value.

Alberta Health Services Geographic Zones to former Health Regions
South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region
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North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.6
Number of Physicians by Specialty Within Alberta Health Services Geographic Zones for the Service Year April 1, 2012 to March 31, 2013 (1)(2)

Physicians by Specialty	Number of Physicians (3)			
	All Zones	Calgary (Zone 2)	Edmonton (Zone 4)	All Other Zones
Physicians by Specialty				
Anaesthesiology	396	177	164	83
Cardiovascular and Thoracic Surgery	25	4	20	2
Dermatology	47	24	19	6
Emergency Medicine	118	74	50	14
General/Family Physicians (GP/FPs)	4,101	1,934	1,639	1,458
General Surgery	195	76	79	91
Internal Medicine	645	256	347	201
Neurology	52	15	31	23
Neurosurgery	21	8	14	0
Obstetrics-Gynaecology	193	95	84	55
Ophthalmology	116	58	51	29
Orthopaedic Surgery	164	79	60	68
Otolaryngology	63	27	27	17
Paediatrics	303	185	81	64
Physical Medicine and Rehabilitation	41	8	30	8
Plastic Surgery	54	32	18	14
Psychiatry	450	215	210	105
Urology	47	19	23	14
All Specialists (except GP/FPs & laboratory specialists)	2,930	1,352	1,308	794
Total: All Physicians (except laboratory specialists)	7,031	3,286	2,947	2,252

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each zone, where the physician payment was greater than zero within the zone. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple zones and will be double counted.

(2) A blank cell represents a zero value.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Alberta Health Services Geographic Zones to former Health Regions

South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region
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Edmonton (Zone 4) - Capital Health
North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Table 3.7
Allied Health Services:
Distribution of Services and Payments by Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2012 to March 31, 2013 (1) (2)

Zone Service Location	Total		Optometrists		Dentists/Dental Specialists /Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments	Services	Payments	Services	Payments
South	96,397	$4,832,646	67,083	$3,783,063	240	$31,839	29,074	$1,017,745
Calgary	455,451	23,961,170	296,491	16,200,853	8,621	2,289,242	150,339	5,471,075
Central	138,267	8,079,833	120,543	6,794,926	2,188	703,364	15,536	581,543
Edmonton	393,456	22,502,546	277,910	15,611,182	11,904	4,045,379	103,642	2,845,985
North	79,050	4,151,814	69,669	3,877,601	61	7,503	9,320	266,710
Unknown	2,553	87,996	969	55,811	0	0	1,584	32,185
Total	1,165,174	$63,616,005	832,665	$46,323,436	23,014	$7,077,327	309,495	$10,215,243

Note: This table reflects fee-for-service data only.
(1) The payment totals may not match the sum of the payments made for services provided in the zones due to rounding.
(2) A blank cell represents a zero value.

Alberta Health Services Zones to former Health Regions
South (Zone 1) - Chinook Regional Health Authority, Palliser Health Region
Calgary (Zone 2) - Calgary Health Region
Central (Zone 3) - David Thompson Regional Health Authority, East Central Health
Edmonton (Zone 4) - Capital Health
North (Zone 5) - Aspen Regional Health Authority, Peace Country Health, Northern Lights Health Region

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Section 4: Non-Group Supplementary Plans

Summary

Non-Group supplementary health plans provide coverage for prescribed drugs and selected health services. These supplementary health plans are funded by Alberta Health and administered by Alberta Blue Cross.

Albertans under the age of 65 can purchase Non-Group coverage. A reduced premium rate is available to Albertans with lower incomes; premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as being palliative and receive their health care at home rather than at a hospital.

The government-sponsored Non-Group supplementary health plans are collectively referred to as "non-group" plans to distinguish them from the "group" or employer-sponsored and individual supplementary benefit plans available through Alberta Blue Cross and other insurers.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation or other). Information is also provided about the number, types and costs of drug prescriptions, and the top 10 drug expenditures.

Highlights

- In 2012-2013, the number of Albertans who were covered under Non-Group supplementary plans increased to 589,221, an increase of 2.97% compared to 2011-2012.
- The number of persons covered through full premium rates was 81,766 (13.88% of the total Non-Group membership).
- A total of 10,841 people (1.84% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 496,614 people (84.28% of total Non-Group membership) received their coverage premium-free.
- More than $729 million was paid for benefits under the Non-Group supplementary plans in 2012-2013, a decrease of 1.45% compared to 2011-2012.
- More than $556 million was paid for benefits for seniors and their dependants in 2012-2013. These payments accounted for 76.37% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than $699 million or 95.94% of total Non-Group benefit expenditures. Ambulance services accounted for over $24 million or 3.36% of the total.

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- Over the past five years significant savings have been realized through generic price reductions. The savings resulted from a lowering of the price threshold for listing and patent expiry for key molecules. These generic savings have slowed the growth in total program expenditures.
- The $3 per prescription Transition Allowance paid to pharmacies that was introduced in April 2010 to allow the industry time to adjust to lower generic drug pricing, was decreased to $2 in April 2011, to $1 in April 2012 and $0 in April 2013. In conjunction with further generic price reductions, a one year $1 per prescription allowance is to be reinstated effective April 15, 2013.
- In 2012-2013, the 10 highest expenditure drugs were used to treat common chronic conditions including:
  - Age-related Macular Degeneration treated using Lucentis.
  - Rheumatoid arthritis/Crohn's Disease treated using Remicade.
  - Rheumatoid arthritis/psoriasis treated using Humira.
  - Rheumatoid arthritis/psoriasis treated using Enbrel.
  - Chronic Obstructive Pulmonary disease treated using Spiriva.
  - Multiple Sclerosis treated using Copaxone.
  - Asthma treated using Symabicort Turbuhaler.
  - Obstructive airways diseases using Advair (in two strengths).
  - High cholesterol conditions treated using Ezetrol.

Premium Subsidy Program

Eligibility for the Premium Subsidy Program is based on the applicant's family category and the taxable income of the applicant and his/her spouse or partner (if applicable) for the year which precedes the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether or not the applicant is single (one person) or family (two or more people) with a spouse/partner and/or children on the registration account.

2012 - 2013 Premium Subsidy Thresholds

Family Category	Full Premiums
Single	over $20,970
Family - no children	over $33,240
Family - with children	over $39,250

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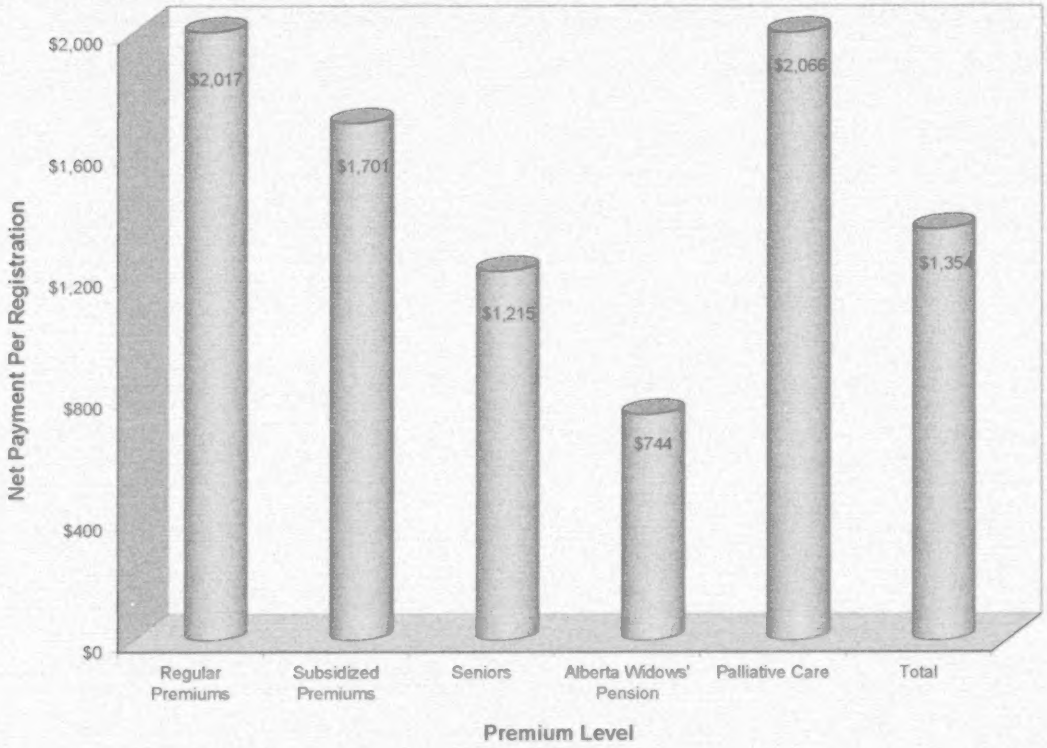
Charts and Figures

Figure 6
Non-Group Supplementary Coverage: Average Net Payment for Drugs Per Recipient by Coverage Category for the Service Year April 1, 2012 to March 31, 2013



Explanatory Notes

Data

Data in this section are provided by Alberta Health (Tables 4.1 - 4.3), Alberta Blue Cross (Figure 6, Tables 4.4 - 4.5 and Tables 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6).

Non-Group Supplementary Coverage Parameters

Non-Group coverage includes drugs and selected health services such as: some ambulance services; clinical psychological services; some home nursing care; prosthetic and orthotic benefits; and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Drug Benefit List defines the drugs that are covered by the Non-Group Supplementary plans.

Note: The subtotals/totals across tables may not match due to rounding.

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Table 4.1
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2009, 2010, 2011, 2012 and 2013 [1]

Registration Status		Number of Registrations & Persons Covered					Percentage Change			
		2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2010/2009	2011/2010	2012/2011	2013/2012
Regular Premiums	Registrations	54,231	51,823	45,684	43,153	41,904	(4.44)	(11.85)	(5.54)	(2.89)
	Persons	111,168	104,293	90,600	84,893	81,766	(6.18)	(13.13)	(6.30)	(3.68)
Reduced Premiums	Registrations	17,293	12,791	9,850	7,920	6,263	(26.03)	(22.99)	(19.59)	(20.92)
	Persons	32,922	24,251	18,145	14,138	10,841	(26.34)	(25.18)	(22.08)	(23.32)
No Premiums [2]	Registrations	288,298	296,133	305,130	318,576	333,720	2.72	3.04	4.41	4.75
	Persons	425,509	437,533	451,873	473,175	496,614	2.83	3.28	4.71	4.95
Total	Registrations	359,822	360,747	360,664	369,649	381,887	0.26%	-0.02%	2.49%	3.31%
	Persons	569,599	566,077	560,618	572,206	589,221	-0.62%	-0.96%	2.07%	2.97%

(1) The population figures are as at March 31, calculated in July.

(2) Persons covered under the Seniors, Alberta Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.

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Table 4.2
Non-Group Supplementary Coverage:
Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2009, 2010, 2011, 2012 and 2013 (1)(2)(3)

Registration Status		Total					Regular Premium				
		2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
One Person	Registrations	187,949	188,779	188,856	193,005	198,983	22,055	21,726	19,404	18,570	18,430
	Persons	187,949	188,779	188,856	193,005	198,983	22,055	21,726	19,404	18,570	18,430
Two Persons	Registrations	151,062	153,518	155,899	161,776	168,604	19,002	18,178	16,337	15,444	14,718
	Persons	302,124	307,036	311,798	323,552	337,208	38,005	36,356	32,674	30,888	29,436
Three or	Registrations	20,811	18,450	15,909	14,868	14,300	13,174	11,919	9,943	9,139	8,756
More Persons	Persons	79,526	70,262	59,964	55,649	53,030	51,108	46,211	38,522	35,435	33,900
Total	Registrations	359,822	360,747	360,664	369,649	381,887	54,231	51,823	45,684	43,153	41,904
	Persons	569,599	566,077	560,618	572,206	589,221	111,168	104,293	90,600	84,893	81,766

Registration Status		Subsidized Premium					Seniors				
		2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
One Person	Registrations	9,787	7,286	5,762	4,810	3,935	155,558	159,361	163,426	169,464	176,550
	Persons	9,787	7,286	5,762	4,810	3,935	155,558	159,361	163,426	169,464	176,550
Two Persons	Registrations	3,690	2,804	2,168	1,685	1,269	128,351	132,526	137,387	144,645	152,617
	Persons	7,379	5,608	4,336	3,370	2,538	256,702	265,052	274,774	289,290	305,234
Three or	Registrations	3,816	2,701	1,920	1,425	1,059	3,814	3,827	4,045	4,303	4,485
More Persons	Persons	15,756	11,357	8,047	5,958	4,368	12,640	12,685	13,392	14,250	14,762
Total	Registrations	17,293	12,791	9,850	7,920	6,263	287,723	295,714	304,858	318,412	333,652
	Persons	32,922	24,251	18,145	14,138	10,841	424,900	437,098	451,592	473,004	496,546

Registration Status		Alberta Widows' Pension				
		2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
One Person	Registrations	549	406	264	161	68
	Persons	549	406	264	161	68
Two Persons	Registrations	19	10	7	2	
	Persons	38	20	14	4	
Three or	Registrations	7	3	1	1	
More Persons	Persons	22	9	3	6	
Total	Registrations	575	419	272	164	68
	Persons	609	435	281	171	68

Note: As at March 31, 2013, 1,279 people were covered by the Palliative Care Drug Program. Of these, 392 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.

(1) A blank cell represents a zero value.

(2) The population figures are as at March 31, calculated in July.

(3) The report reflects a discrete count of people receiving Non-Group supplementary coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors, purchased Non-Group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.

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Table 4.3
Non-Group Supplementary Coverage:
Persons Covered by Age and Gender as at March 31, 2009, 2010, 2011, 2012 and 2013 [1]

Age Group	Total					Male					Female				
	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
Under 1	987	733	498	451	451	478	379	261	227	234	509	354	237	224	217
1 - 4	4,260	3,511	2,674	2,337	2,162	2,169	1,758	1,338	1,193	1,108	2,091	1,753	1,336	1,144	1,054
5 - 14	15,749	13,589	10,994	9,932	9,395	8,042	6,855	5,499	4,950	4,712	7,707	6,734	5,495	4,982	4,683
15 - 24	24,128	20,618	17,400	16,094	15,112	11,958	10,463	8,821	8,167	7,635	12,170	10,155	8,579	7,927	7,477
25 - 44	26,798	22,770	18,139	16,630	15,797	11,789	10,150	8,200	7,596	7,214	15,009	12,620	9,939	9,034	8,583
45 - 64	117,504	113,469	106,916	103,522	101,390	41,993	39,948	36,480	34,583	33,121	75,511	73,521	70,436	68,939	68,269
65 - 74	202,520	209,063	216,371	230,307	245,933	98,089	101,248	104,881	111,616	119,488	104,431	107,815	111,490	118,691	126,445
75 & Older	177,653	182,324	187,626	192,933	198,981	73,496	75,828	78,488	81,254	84,261	104,157	106,496	109,138	111,679	114,720
Total	569,599	566,077	560,618	572,206	589,221	248,014	246,629	243,968	249,586	257,773	321,585	319,448	316,650	322,620	331,448

Age Group	Percentage Change Total				Percentage Change Male				Percentage Change Female			
	2010/2009	2011/2010	2012/2011	2013/2012	2010/2009	2011/2010	2012/2011	2013/2012	2010/2009	2011/2010	2012/2011	2013/2012
Under 1	(25.73)	(32.06)	(9.44)	0.00	(20.71)	(31.13)	(13.03)	3.08	(30.45)	(33.05)	(5.49)	(3.13)
1 - 4	(17.58)	(23.84)	(12.60)	(7.49)	(18.95)	(23.89)	(10.84)	(7.12)	(16.16)	(23.79)	(14.37)	(7.87)
5 - 14	(13.72)	(19.10)	(9.66)	(5.41)	(14.76)	(19.78)	(9.98)	(4.81)	(12.62)	(18.40)	(9.34)	(6.00)
15 - 24	(14.55)	(15.61)	(7.51)	(6.10)	(12.50)	(15.69)	(7.41)	(6.51)	(16.56)	(15.52)	(7.60)	(5.68)
25 - 44	(15.03)	(20.34)	(8.32)	(5.01)	(13.90)	(19.21)	(7.37)	(5.03)	(15.92)	(21.24)	(9.11)	(4.99)
45 - 64	(3.43)	(5.78)	(3.17)	(2.06)	(4.87)	(8.68)	(5.20)	(4.23)	(2.64)	(4.20)	(2.13)	(0.97)
65 - 74	3.23	3.50	6.44	6.78	3.22	3.59	6.42	7.05	3.24	3.41	6.46	6.53
75 & Older	2.63	2.91	2.83	3.13	3.17	3.51	3.52	3.70	2.25	2.48	2.33	2.72
All Ages	-0.62%	-0.96%	2.07%	2.97%	-0.56%	-1.08%	2.30%	3.28%	-0.66%	-0.88%	1.89%	2.74%

(1) The population figures are as at March 31, calculated in July.

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Table 4.4
Non-Group Supplementary Coverage:
Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2013 [1]

Coverage Category and Type of Service	Discrete Recipients	Net Payment [2]	Net Payment per Recipient
Regular Premium			
Ambulance	2,406	$590,320	$245
Drugs	75,694	152,669,019	2,017
Hospital Accommodation	424	54,287	128
Chiropractor			
Other [3]	614	101,976	166
Subtotal	75,984	$153,415,602	$2,019
Subsidized Premium			
Ambulance	436	$122,367	$281
Drugs	9,988	16,993,680	1,701
Hospital Accommodation	46	7,623	166
Chiropractor			
Other	64	11,939	187
Subtotal	10,026	$17,135,608	$1,709
Seniors			
Ambulance	58,937	$23,789,644	$404
Drugs	434,616	528,127,632	1,215
Hospital Accommodation			
Chiropractor	39,122	4,708,183	120
Other	1,452	223,878	154
Subtotal	440,523	$556,849,337	$1,264
Alberta Widows' Pension			
Ambulance	7	$1,872	$267
Drugs	130	96,775	744
Hospital Accommodation			
Chiropractor	<5	395	
Other			
Subtotal	132	$99,043	$750
Palliative Care			
Ambulance			
Drugs	800	$1,653,043	$2,066
Hospital Accommodation			
Chiropractor			
Other			
Subtotal	800	$1,653,043	$2,066
Total			
Ambulance	61,762	$24,504,203	$397
Drugs	516,804	699,540,150	1,354
Hospital Accommodation	470	61,910	132
Chiropractor	39,126	4,708,578	120
Other	2,125	337,792	159
Total	523,001	$729,152,633	$1,394

(1) A blank cell represents a zero value.
(2) The sum of net payments may not match the sub-totals or totals, due to rounding.
(3) Other service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.

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Table 4.5
Non-Group Supplementary Coverage: Number of Drug Prescriptions and Net Payment By Prescription Type and Coverage Category for the Year Ending March 31, 2013 [1]

Prescription Type and Coverage Category	Number of Prescriptions [2]	Net Payment [3]
Prescription Drugs [4]		
Regular Premium	1,443,824	$147,825,486
Subsidized Premium	219,070	16,388,462
Seniors	12,442,153	506,147,201
Alberta Widows' Pension	2,167	91,006
Palliative Care	22,961	1,616,070
Subtotal	14,130,175	$672,068,225
Over-The-Counter [5]		
Regular Premium	70,031	$4,843,624
Subsidized Premium	9,799	605,218
Seniors	437,361	21,988,892
Alberta Widows' Pension	82	5,769
Palliative Care	2,246	36,973
Subtotal	519,519	$27,480,476
Adjustments [6]		
Regular Premium	2	($91)
Subsidized Premium		
Seniors	5	(8,461)
Alberta Widows' Pension		
Palliative Care		
Subtotal	7	($8,551)
All Prescriptions		
Regular Premium	1,513,857	$152,669,019
Subsidized Premium	228,869	16,993,680
Seniors	12,879,519	528,127,632
Alberta Widows' Pension	2,249	96,775
Palliative Care	25,207	1,653,043
Total	14,649,701	$699,540,150

(1) A blank cell represents a zero value.
(2) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) The sum of net payments may not match the sub-totals or totals, due to rounding.
(4) Refers to drugs available only with a prescription.
(5) Refers to an otherwise over-the-counter drug type which has been prescribed for these members.
(6) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.).

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Table 4.6
Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2009, 2010, 2011, 2012 and 2013 (1)

Year	Number of Pharmacies	Percentage Change from the Prior Year
2008/2009	950	0.53
2009/2010	969	2.00
2010/2011	990	2.17
2011/2012	1,015	2.53
2012/2013	1,036	2.07
Annual Average Percentage Change for Last 5 Years		2.19

(1) Data provided by the Alberta College of Pharmacists.

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Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2013 [1]

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions [2]	Discrete Recipients	Net Payment
All Groups						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	24,065	4,576	$44,297,115
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	11,019	1,561	36,094,388
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	16,888	1,605	21,133,387
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriasis Arthritis /Psoriasis	12,016	1,124	16,294,009
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	90,124	25,400	13,020,913
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,715	1,042	11,094,785
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	68,961	23,049	9,070,934
	Advair	500 mcg/dose	Obstructive Airways Diseases	27,536	8,431	7,540,690
	Ezetrol	10 mg	Cholesterol Lowering Agent	51,765	11,847	6,684,271
	Advair	250 mcg/dose	Asthma / Chronic Obstructive Pulmonary Disease	32,081	10,591	5,757,373
Regular and Subsidized Premium						
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	8,908	1,266	$29,684,714
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	12,183	1,173	14,631,280
	Copaxone	20 mg/ml syringe	Multiple Sclerosis	7,414	997	10,549,506
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis	6,700	647	8,593,188
	Cerezyme	400 units	Gaucher's Disease	546	9	3,400,456
	Avonex PS/PEN	30 mcg/0.5 ml syringe	Multiple Sclerosis	1,805	216	2,658,767
	Rebif	0.5 ml syringe	Multiple Sclerosis	1,399	171	2,434,338
	Rebif	1.5 ml cartridge	Multiple Sclerosis	1,114	158	1,989,800
	Stelara	0.5 ml vial	Plaque Psoriasis	524	114	1,672,571
	Simponi	50 mg/0.5 ml syringe	Ankylosing Spondylitis / Psoriatic Arthritis / Rheumatoid Arthritis	1,383	175	1,655,544

(1) The sums of the Net Payments may not match the All Groups totals, due to rounding.

(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.

Continued...

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Table 4.7
Non-Group Supplementary Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2013 (1)

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions (2)	Discrete Recipients	Net Payment
Seniors (3)						
	Lucentis	2.3 mg/vial	Neovascular (wet) Age Related Macular Degeneration	23,923	4,541	$44,079,343
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	84,959	23,902	12,381,360
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	59,005	19,468	7,954,698
	Enbrel	50 mg/ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriatic	5,316	477	7,700,821
	Adavair	500 mcg/dose	Obstructive Airways Diseases	24,285	7,438	6,808,543
	Humira	40 mg/0.8 ml syringe	Rheumatoid Arthritis / Psoriatic Arthritis / Psoriatic	4,705	432	6,502,107
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	2,110	294	6,406,581
	Ezetrol	10 mg	Cholesterol Lowering Agent	45,726	10,359	5,922,222
	Adavair	250 mcg/dose	Asthma / Chronic Obstructive Pulmonary Disease	28,051	9,215	5,147,377
	Aricept	10mg	Alzheimer's Disease	29,800	3,847	5,014,140
Alberta Widows' Pension (4)						
	Remicade	100 mg/vial	Rheumatoid Arthritis / Crohn's Disease	<5	<5	$3,093
	Symbicort Turbuhaler	200 mcg/6 mcg	Asthma	18	8	2,210
	Oxyneo	20mg	Pain Management	6	<5	2,182
	Adavair	250 mcg/dose	Asthma / Chronic Obstructive Pulmonary Disease	7	<5	1,945
	Sandoz Leflunomide	10 mg	Rheumatoid Arthritis	<5	<5	1,888
	Levemir Cartridge	100 unit/ml	Insulin/ Diabetes Management	12	<5	1,608
	Spiriva	18 mcg inh cap	Chronic Obstructive Pulmonary Disease	14	6	1,599
	Novo-Pantoprazole	40 mg	Reduction of Gastric Acid Secretion	13	6	1,474
	Celebrex	200 mg	Oosteoarthritis / Adult Rheumatoid Arthritis / Ankylosing Spondylitis	7	<5	1,386
	Apo-Omeprazole	20 mg	Ulcer Treatment	25	6	1,360
Palliative Care						
	Sandostatin Lar	30 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	93	9	$174,005
	Sandostatin Lar	20 mg/vial	Rare Endocrine Tumor / Acromegaly / Diarrhea	35	8	72,746
	Hydromorph Contin	30 mg	Pain Management	110	16	58,787
	Innohep	14,000 IU/syringe	Prevention / Treatment of Blood Clots	107	19	48,927
	Innohep	18,000 IU/syringe	Prevention / Treatment of Blood Clots	62	15	44,287
	Ratio-Fentanyl	100 mcg/hr patch	Pain Management	174	18	41,716
	Ran-Ondansetron	8 mg	Prevention of Nausea and Vomiting	173	55	40,711
	Innohep	20,000 IU/syringe	Prevention / Treatment of Blood Clots	124	18	38,807
	Fragmin	0.4 ml syringe	Prevention of Blood Clots	75	17	36,648
	Innohep	10,000 IU/syringe	Prevention / Treatment of Blood Clots	63	21	31,577

(1) The sums of the Net Payments may not match the All Groups totals, due to rounding.
(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) Seniors refers to the registration status of account holder or spouse/partner age 65 or older and their dependants.
(4) Alberta Widows' Pension refers to the registration status of account holders who belong to the Alberta Widows' Pension Program and their dependants.

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Table 4.8
Non-Group Supplementary Coverage:
Cost of Prescription by Broad Drug Category
for the Year Ending March 31, 2013

Broad Drug Category	Number of Prescriptions (1)	Net Payment	Co-Payment (2)	Coordination of Benefits (3)	Average Gross Cost per Prescription (4)
Antihistamines	2,072	$68,485	$13,656	$1,054	$40.15
Antineoplastic Agents	40,455	3,227,459	531,170	79,553	94.88
Antitussives, Expectorants, Mucolytics	20,790	1,210,689	279,786	31,072	73.19
Anti-Infective Agents	708,414	24,892,988	5,846,749	1,081,016	44.92
Autonomic Drugs	588,695	56,486,940	8,600,529	611,008	111.60
Blood Formation and Coagulation	537,820	$36,009,583	$4,806,968	$585,939	$76.98
Cardiovascular Drugs	4,668,332	154,339,452	53,382,754	1,484,453	44.81
Central Nervous System Drugs	3,023,496	100,138,999	27,901,895	2,408,522	43.15
Compound Drugs					
Devices(5)	5,268	102,573	44,339	1,003	28.08
Dental Agents	5	54	23	0	15.46
Diabetic Supplies(6)	119,053	6,651,240	229,553	202,938	59.50
Diagnostic Agents					
Electrolytic, Caloric, Water Balance	547,198	$6,380,906	$2,605,433	$63,268	$16.54
Enzymes	571	3,622,456	5,300	0	6,353.34
Eye, Ear, Nose and Throat Preparations	382,935	53,687,617	4,008,167	96,987	150.92
Gastrointestinal Drugs	987,806	49,551,162	13,511,250	891,243	64.74
Gold Compounds	670	48,177	10,582	1,572	90.05
Heavy Metal Antagonists	1,147	$1,414,325	$20,298	$33,955	$1,280.36
Hormones & Synthetic Substitutes	1,809,662	54,050,709	15,800,426	1,058,385	39.18
Local Anaesthetics	72	5,662	118	0	80.28
Out of Country & Special Access	1,553	48,195	11,131	462	38.50
Serums, Toxoids, and Vaccines	2,022	167,429	27,389	2,030	97.35
Skin & Mucous Membrane Preparations	330,368	$6,536,749	$2,465,492	$137,596	$27.67
Smooth Muscle Relaxants	80,532	4,203,226	932,769	47,280	64.36
Unclassified Therapeutic Agents	693,482	135,656,335	8,056,022	12,533,549	225.31
Undetermined(7)	7	(8,551)			
Vitamins	97,276	1,047,293	373,196	21,022	14.82
Total (8)	14,649,701	$699,540,150	$149,464,994	$21,373,907	$59.41

(1) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.
(2) Co-Payment represents the portion of the prescription cost the recipient pays when a prescription is filled.
(3) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.
(4) Gross Cost = Net Payment + Co-Payment + Coordination of Benefits.
(5) Only those devices used with prescription drugs.
(6) Diabetic Supplies are used for insulin treated diabetic patients.
(7) Negative payments represent adjustments and/or reversals of claim payments.
(8) The sums of the columns may not match the totals due to rounding.

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Table 4.9
Non-Group Supplementary Coverage:
Number of Prescriptions and Prescription Cost Components
by Coverage Category (Direct Bill Claims Only)
for the Year Ending March 31, 2013 (1)

Coverage Category	Number of Prescriptions (2)	Drug Material Cost [A]	Dispensing Fee (3) [B]	Additional Inventory Allowance (4) [C]	Adjustments (5) [D]	Gross Cost (6) [E]	Co-Payment (7) [F]	Coordination of Benefits (8) [G]	Net Payment (9) [H]
Regular and Subsidized Premiums	1,721,965	$182,444,933	$19,641,380	$2,539,700	($9,396)	$204,616,618	$19,661,329	$17,028,172	$167,927,117
Seniors	12,837,329	512,929,055	125,720,353	19,716,619	(8,430)	658,357,597	128,803,638	3,241,958	526,312,001
Alberta Widows' Pension	2,241	97,169	21,930	3,466		122,565	25,596	488	96,481
Palliative Care	24,682	1,637,131	329,623	28,791		1,995,545	172,475	186,371	1,636,699
Average Cost per Prescription		47.79	9.99	1.53		59.31	10.19	1.40	47.71
Total (10)	14,586,217	$697,108,288	$145,713,286	$22,288,576	($17,826)	$865,092,325	$148,663,038	$20,456,989	$695,972,298

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.
(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.
(3) The Dispensing Fee is the portion of the overall prescription cost that covers pharmacists' professional services and business overhead.
(4) Additional Inventory Allowance is an additional fee paid to pharmacies to compensate for a portion of their inventory management.
(5) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.)
(6) Gross Cost [E] = [A] + [B] + [C] + [D]
(7) Co-Payment represents the portion of the prescription cost the recipient pays when the prescription is filled.
(8) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.
(9) Net Payment [H] = [E] - [F] - [G]
(10) The sums of the columns may not match the totals due to rounding.

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Glossary/Definitions

Alberta Health Care Insurance Plan (AHCIP)
A non-profit, publicly funded plan administered and operated by Alberta Health under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dentists/dental specialist/oral surgical services and some services provided by optometrists and podiatrists to eligible residents of Alberta.

Allied Health Services
Services provided by dentists/dental specialists/oral surgeons, optometrists and podiatrists, and funded by the AHCIP. Some fees for allied health services may exceed the coverage provided by the AHCIP in which case the individual patient is responsible for the difference.

Alternative Relationship Plan
A plan that provides physicians with an alternative to the traditional fee-for-service payment method and provides physicians with flexibility in the way they provide care. An Alternative Relationship Plan enables a team-based approach and promotes improved access to care, patient satisfaction and the recruitment/retention of physicians.

Basic Health Services
Insured services provided by physicians and dentists/dental specialists/oral surgeons as well as a number of services provided by optometrists and podiatrists.

Blank Cell
Represents a zero value.

Bracketed Data
Bracketed data ( ) indicates negative figures.

Clinical Stabilization Initiative
Established in the 2006 *Amending Agreement to the Tri-Lateral Master Agreement* and includes: the Rural Remote Northern Program; the Business Cost Program; and the Communities in Crisis Program. The purpose of the Rural Remote Northern Program is to improve physician recruitment and retention in underserviced areas by providing physician incentive programs. The Business Cost Program is intended to help physicians with the rising costs associated with running community offices by paying a flat bonus on top of each office-based or consultative service provided by all physicians in any community in Alberta. The Communities in Crisis Program addresses the challenges of recruiting physicians to live and practise in communities in crisis.

Discrete Count
The discrete items are only counted once.

Discrete Patients
The number of individuals registered with the AHCIP who received at least one basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the Statistical Supplement are based on the number of discrete patients.

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Discrete Service Providers
The number of practitioners who provided at least one service payable under the AHCIP. Discrete service providers are only counted once.

Double Dash (--)
Represents a non-zero value; actual value was too small to be shown.

FP
Family Physician.

FTE
Full-time equivalent.

Fee-for-Service
A standard business model in which services are unbundled and paid for separately. In the health insurance and health care industry, fee-for-service refers to practitioner payments for individual services such as office visits, procedures or other health services.

Fiscal Year
April 1 of one year to March 31 of the following year.

GP
General Practitioner.

Health Zones
Alberta is divided into five continuum zones for the ease of management of the delivery of health care services by Alberta Health Services.

Insured Services
Physician and dentists/dental specialist/oral surgeon services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

Medical Assessments
Primarily office visits and consultations.

Medical Services
Services provided by a physician.

N/A
Not available.

n.a.
Not applicable.

Net Payment
The total amount paid by Alberta Health through Non-Group Supplementary plans.

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Nil
No change.

Non-Group Supplementary Plans
Supplementary health services coverage administered by Alberta Blue Cross on behalf of Alberta Health for prescription drugs and selected health services.

Number of Services
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

Practitioner
Licensed health care provider who is registered with the AHCIP and provides basic health services.

Practitioner Payments
Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data are reported on a date-of-service basis and include only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

Primary Care Network
A network of family physicians that uses a team approach with other health care professionals to coordinate primary care for their patients. A Primary Care Network receives program funding in addition to fee-for-service.

Recipient Location
The health zone where the person who received the health service lived at the time of service based on AHCIP registration data.

Registration
The number of single and family accounts registered with the AHCIP; one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons
Alberta residents insured under a program and therefore entitled to receive benefits.

Schedules of Benefits
Schedules of practitioner services and fee-for-service rates paid by the AHCIP. Includes the general rules, procedure list, fee modifier definitions, price list and explanatory codes. The Statistical Supplement includes data for five distinct benefits schedules (medical, oral and maxillofacial surgery, optometry, podiatric surgery and podiatry).

Service Location
The health zone where a health service was provided.

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Year at a Glance

	2011-2012	2012-2013
Total Albertans covered under the Alberta Health Care Insurance Plan	3,910,117	4,068,062
Non-seniors	3,437,113	3,571,516
Seniors	473,004	496,546
Amount paid to Alberta practitioners (fee-for-service)	$2,509,547,261	$2,648,560,351
Physicians	$2,450,159,476	$2,584,944,346
Allied Health Practitioners	$59,387,785	$63,616,005
Average annual fee-for-service payment		
All Physicians (except Pathology)	$349,111	$349,696
All Specialists (except General/Family Physicians and Pathology)	$443,323	$443,711
General/Family Physicians	$274,624	$274,778
Number of practitioners who submitted fee-for-service claims	7,852	8,268
Physicians (including General Practitioners) (1)	7,015	7,381
General Practitioners	3,907	4,101
Dentists/Dental Specialists/Oral Surgeons	218	224
Optometrists	557	599
Podiatrists	62	64
Number of physicians by gross payment range (fee-for-service) (2)		
Less than $500,000	5,592	5,856
More than $500,000	1,423	1,525
More than $1 million	272	299
More than $2 million	50	54
Alternative Relationship Plans		
Total Expenditures	$277,289,363	$286,282,615
Total Alternative Relationship Plans	55	57
Total Physicians (1)	1,717	1,875
Primary Care Networks		
Total Payments	$137,511,125	$182,577,693
Total Primary Care Networks	40	40
Total Physicians (1)	2,483	2,995
Total Patients Enrolled	2,806,926	2,993,282

(1) Fee-for-service, alternative relationship plan and primary care network total physicians cannot be added together to obtain a total physician count as alternative relationship plan and primary care network physicians may or may not already be included in the fee-for-service physician count.

(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

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	2011-2012	2012-2013
Allied health services provided (fee-for-service)		
Total Number of Services Provided	1,112,167	1,165,174
Average Number of Services per Practitioner	1,329	1,314
Percentage of payments to physicians for patients who received services within the zone they reside in		
South Zone (Zone 1)	**84.27%**	**83.89%**
Chinook Regional Health Authority		
Palliser Health Region		
Calgary Zone (Zone 2)	**97.00%**	**96.88%**
Calgary Health Region		
Central Zone (Zone 3)	**69.74%**	**69.27%**
David Thompson Regional Health Authority		
East Central Health		
Edmonton Zone (Zone 4)	**96.98%**	**97.00%**
Capital Health		
North Zone (Zone 5)	**65.46%**	**65.31%**
Aspen Regional Health Authority		
Peace Country Health		
Northern Lights Health Region		
Unknown Zone	**3.21%**	**3.19%**
Amount spent on Non-Group Supplementary coverage	$739,908,348	$729,152,633
Non-seniors	$164,179,457	$170,551,210
Seniors	$573,896,628	$556,849,337
Alberta Widows' Pension	$194,026	$99,043
Palliative Care	$1,638,237	$1,653,043
Number of community-based pharmacies in Alberta	1,015	1036

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